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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

TOE RIVER ARTS COUNCIL, INC.

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 882

City or town, state or country, and ZIP + 4

BURNSVILLE, NC 28714

D Employer identification number

56-1141339

E Telephone number

(828) 682-7215

F Group Exemption

Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 342,757

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	55,573
2	Program service revenue including government fees and contracts	2	47,953
3	Membership dues and assessments	3	29,556
4	Investment income	4	35
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	114,426
b	Less direct expenses other than fundraising expenses	6b	56,659
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	57,767
7a	Gross sales of inventory, less returns and allowances	7a	91,916
b	Less cost of goods sold	7b	60,542
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	31,374
8	Other revenue (describe ▶ STM141)	8	3,298
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	225,556
10	Grants and similar amounts paid (attach schedule)	10	1,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	97,136
13	Professional fees and other payments to independent contractors	13	14,950
14	Occupancy, rent, utilities, and maintenance	14	26,330
15	Printing, publications, postage, and shipping	15	4,611
16	Other expenses (describe ▶ STM130)	16	85,119
17	Total expenses. Add lines 10 through 16	17	229,146
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,590)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,295
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,705

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,991	56,029
23 Land and buildings	90,205	86,728
24 Other assets (describe ▶)		
25 Total assets	149,196	142,757
26 Total liabilities (describe ▶ STM132)	108,901	106,052
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,295	36,705

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

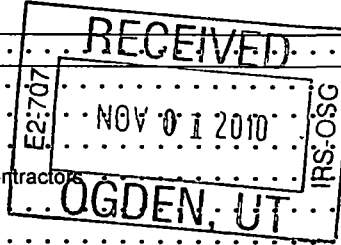
EEA

Form 990-EZ (2009)

SCANNED NOV 19 2010

EXPENSES

ASSETS



57 24

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a	175,397
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29a	34,316
-----	--------

30a	
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31a	
32	209,713

structions for Part IV.)

	(e) Expense account and other allowances
0	0

0	0
0	0

0	0
0	0

Form 990-EZ (2009)

[illegible]

EXEC DIRECTOR	
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0

PRES ELECT

0

PRESIDENT

0

TREASURER

0

SECRETARY

1

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.		
42 a The organization's books are in care of <u>DENISE COOK</u> Telephone no <u>828-682-7215</u> Located at <u>PO BOX 1564 BURNSVILLE, NC</u> ZIP + 4 <u>28714</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
49 a Did the organization make any transfers to an exempt non-charitable related organization?	☐	☒
b If "Yes," was the related organization a section 527 organization?	☐	☐

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

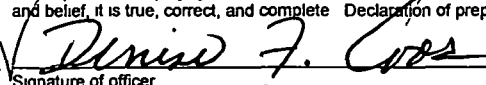
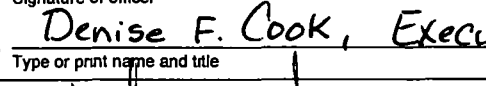
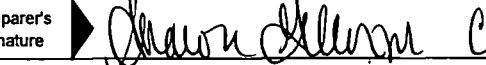
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		10/27/2010 Date	
Paid Preparer's Use Only	 Type or print name and title		Denise F. Cook, Executive Director	
	Preparer's signature	 Date	Check if self-employed ☐	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 YOUNG MILLER AND GILLESPIE PA P.O. BOX 723 215 OAK AVENUE SPRUCE PINE, NC 28777		EIN 56-1789358	Phone no 828-765-6444
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No			

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

TOE RIVER ARTS COUNCIL, INC.

Employer identification number

56-1141339

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s)

[illegible]

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

EEA

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar 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")	48,572	61,755	11,332	56,436	55,573	233,668
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	48,572	61,755	11,332	56,436	55,573	233,668
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						233,668

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	48,572	61,755	11,332	56,436	55,573	233,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4	100	697	707	35	1,543
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	597	525	7,877	5,871	3,298	18,168
11 Total support. Add lines 7 through 10						253,379
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	92.22	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☒
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			☐
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			☐

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

ACTIVITY	SCHOLARSHIP	AMOUNT	RELATIONSHIP
GRANTEE	JESSIE WILLIG	500	NONE
ADDRESS	146 NUTHATCH TRAIL BURNSVILLE NC 28714		
ACTIVITY	SCHOLARSHIP	500	NONE
GRANTEE	LANDON SHANE RATHBURN		
ADDRESS	149 CANDLE LIGHT DR BURNSVILLE NC 28714		
TOTAL		1,000	

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
PAYROLL TAX EXPENSE	8,432
ARTS IN EDUCATION	28,966
INTEREST	7,756
DEPRECIATION	3,477
OFFICE EXPENSE	19,433
SUPPLIES	17,055
TOTAL	85,119

FORM 990EZ, PART II, LINE 26 OTHER LIABILITIES SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED EXPENSES	193	2,267
MORTGAGES PAYABLE	108,708	103,785
TOTAL	108,901	106,052

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SALES TAX REFUND	499
ADMIN FEES	2,787
MISCELLANEOUS	12
TOTAL	<u>3,298</u>

DENISE COOK

EXPLANATION

EXECUTIVE DIRECTOR IS PAID BASED ON 40 HOUR WORK WEEK

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Indirect Depreciation												
1		BUILDING	10/01/99	57,509.00	0.00	0.00	15,091.23	1,474.59	16,565.82	40,943.18	S/L	39.0
2		DIGITAL CAMERA	4/17/00	449.95	0.00	0.00	449.95	0.00	449.95	0.00	S/L	7.0
3		COMPUTERS	12/17/00	5,441.59	0.00	0.00	5,441.59	0.00	5,441.59	0.00	S/L	7.0
4		ZIP DRIVES/PRINTERS	9/04/00	2,401.33	0.00	0.00	2,401.33	0.00	2,401.33	0.00	S/L	7.0
5		BUILDING IMPROVEMENTS	6/30/00	13,961.48	0.00	0.00	3,398.64	357.99	3,756.63	10,204.85	S/L	39.0
6		COPIER	6/30/01	1,125.00	0.00	0.00	1,125.00	0.00	1,125.00	0.00	200DB	5.0
7		BUILDING RENOVATION	7/06/01	44,875.25	0.00	0.00	9,732.58	1,150.65	10,883.23	33,992.02	S/L	39.0
8		BUILDING RENOVATION	6/30/01	693.76	0.00	0.00	625.56	45.47	671.03	22.73	200DB	10.0
9		EQUIPMENT	6/30/01	199.99	0.00	0.00	199.99	0.00	199.99	0.00	200DB	5.0
10		STEINWAY PIANO	1/01/74	4,600.00	0.00	0.00	4,600.00	0.00	4,600.00	0.00	S/L	7.0
11		TRACK LIGHTING	8/19/02	460.78	0.00	0.00	337.95	46.08	384.03	76.75	S/L	10.0
12		BUILDING IMP (ROOF)	3/21/06	3,930.00	0.00	0.00	2,219.66	342.07	2,561.73	1,368.27	200DB	10.0
13		DELL 1100	10/01/07	300.00	0.00	0.00	120.00	60.00	180.00	120.00	S/L	5.0
Indirect Depreciation				<u>135,948.13</u>	<u>0.00c</u>	<u>0.00</u>	<u>45,743.48</u>	<u>3,476.85</u>	<u>49,220.33</u>	<u>86,727.80</u>		
Grand Total				<u>135,948.13</u>	<u>0.00c</u>	<u>0.00</u>	<u>45,743.48</u>	<u>3,476.85</u>	<u>49,220.33</u>	<u>86,727.80</u>		