

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



2009

OMB No. 1545-1150

Department of the Treasury

Short Form

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)

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.

Open to Public Inspection

Inte		enue Servi		▶ The organization may have to use a copy of this return to satisfy state	te reporting requiren	nents.	Inspection		
Ζī	For 200	9 calen	dar yea	r, or tax year beginning $\mathrm{JULY}01$, 2009, and end	ling JUNE 30		, 20 10		
	Check if			C Name of organization	D Emplo	ver Id	entification number		
П	Address		Please	GERTRUDE HERBERT ART ENDOWMENT INC.	<u> </u>		58-2012566		
н		_	use IRS label or		Room/ E Telepho	.no. ni			
Н	Name ch		print or	Trumber & Street (or P.O. box, if mains not delivered to street addr.)	suite E relepri	ווי טוונ	ambei		
H	Initial ret	urn	type. See		1	/ -	06\500 5405		
Ц.	Terminat	ed	Specific Instruc-	506 TELFAIR ST. City or town, state or country, and ZIP + 4		(706) 722-5495			
	Amended		F Group	Exem	ption				
Π_{i}	Applicati pending	on	Numbe	r	•				
			(3) orga	nizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting N	ethoc	i: X Cash Accrual		
				completed Schedule A (Form 990 or 990-EZ).	Other (specif	v) ▶			
_	Wahe	ite: ▶	N/A			<u>,, </u>	nization is not required		
			<u> </u>	eck only one) X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	- 1	-	orm 990, 990-EZ, or 990-PF).		
_						_			
				ization is not a section 509(a)(3) supporting organization and its gross					
_				990 return is not required, but if the organization chooses to file a return		mplet			
-				ine 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 99		_	152,072		
P	art i	Rev	enue,	Expenses, and Changes In Net Assets or Fund Balar	ices (See the instri	ıctıon	s for Part I.)		
	1	Contr	nbutions	, gifts, grants, and similar amounts received		1_			
	2	Drogr	rom con	use revenue including government fees and contracts		2			
	3	Memi	bership	dues and assessments		3			
	4	Inves	stment ir	icome REUZIVI		4	24,812		
	5	Gross	s amour	other basis and sales expenses	127,260				
	١.	h Loca:	cost or	other basis and sales expenses	124,328				
							2 022		
F	' '	c Gain	or (loss)	from sale of assets other than inventory (Subtract-line 5b) from:line 5a)		5c	2,932		
FEVEN	6	Specia	al events a	and activities (complete applicable parts of Schedue G. Faryandunt suram gamin ie (not including \$	ig, check here▶ ∐				
E		a Gross	s revenu	ie (not including \$of_contributions					
		repor	rted on I	ne 1) <u>6a</u>					
E	: 1	b Less:	direct e	expenses other than fundraising expenses					
	•	c Net in	ncome d	r (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
	72	a Gross	s sales d	of inventory, less returns and allowances					
		b Less:	cost of	goods sold 7b					
	- - (c Gross	s profit c	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other	r revenu	e (descnbe ▶)	8			
	9	Total	l revenu	e. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	27,744		
	10			imilar amounts paid (attach schedule)		10			
_	. 11			to or for members		11			
E X P	12		-	er compensation, and employee benefits		12			
_	. 42			rees and other payments to independent contractors		13	7,067		
Ņ	14			rent, utilities, and maintenance		14			
1 N 0 S E 0	15		•	ications, postage, and shipping		15	<u> </u>		
S	16			non (donombo b	`	16			
	17		•	•		17	7,067		
				ses. Add lines 10 through 16			 		
	A 18			eficit) for the year (Subtract line 17 from line 9)		18	20,677		
N E T	A 19 S 19 T 20			fund balances at beginning of year (from line 27, column (A)) (must ag			F47 40:		
Ŧ.	Ĕ			figure reported on prior year's return)		19	541,494		
	s 20		_	es in net assets or fund balances (attach explanation)		20	27,757		
-	21			fund balances at end of year. Combine lines 18 through 20		21	589,928		
P	art II	Bala	ance S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more,					
· }				_	A) Beginning of yea		(B) End of year		
22		_		vestments	541,494	22	589,928		
23		and bui	_			23	Ļ		
24	Other	assets	(describ	e ▶)		24			
25					541,494	25	589,928		
26		llabilitie			0	26	00		
27	Net a	ssets o	r fund b	palances (line 27 of column (B) must agree with line 21)	541,494	27	_ 589,928		

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

Form **990-EZ** (2009)

09 990EZ1

TWF 33404

Copyright Forms (Software Only) - 2009 TW

For	rm 990-EZ (2009) GERTRUDE HER	BERT ART END	OW 58-20125	66		Page 2
_	art III Statement of Program Servi			s for Part III.)		Expenses
	nat is the organization's primary exempt purpose					ired for section 501(c)(3) 01(c)(4) organizations and
	scribe what was achieved in carrying out the or	-			sectio	n 4947(a)(1) trusts, optional
	scribe the services provided, the number of per	sons benefited, & other r	relevant information for e	each program title.	for ot	hers.)
28						
						
	(Grants \$) If this amo	ount includes foreign gra	nts, check here		28a	
29						
	(Grants \$) If this amo	ount includes foreign gra	nts, check here	<u>▶ </u>	29a	
30			-			
	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$) If this amo	ount includes foreign gra	nts, check here		30a	
31	Other program services (attach schedule)					
	<u> </u>	ount includes foreign gra			31a	
	Total program service expenses (add lines 2				32	0
P	art IV List of Officers, Directors, T		(c) Compensation	one even if not comper		(See the instr. for Part IV.) (e) Expense
	(a) Name and address	(b) Title and average hours per week	(If not paid,	employee benefit pl	ans &	account and other allowances
Se	ee attachment #4	devoted to position	`enter -0)`	deterred compensa	ttion	Other anowances
	,, ,					
						
				l		
_						
_						
_					-	
				ľ		
			J].		
-						
			ļ			
				 		
				<u> </u>		_
]	ļ	J		

JVA

Form **990-EZ** (2009)

. · ·	<u> </u>		Yes	No
33	Dig the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	changes	34		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.			
а	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?	35a	<u>L</u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
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	36		X
37a	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
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			ŧ
	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:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			•
	section 4911 ▶; section 4912 ▶; section 4955 ▶			Ī
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction			ŧ
	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			١,,
	Schedule L, Part I	40b	ļ	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			Ī
	organization managers or disqualified persons during the year under sections			Ī
	4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			I
	reimbursed by the organization			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		ļ
	transaction? If "Yes," complete Form 8886-T	40e	<u>. </u>	X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ See attachment #5 Located at ▶ ZIP + 4 ▶			
	Located at ► ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority			
þ	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country: ▶	120	 	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			I
	and Financial Accounts.			•
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	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			٠ ـ
	,			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			ľ
	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,"			1
	Form 990 must be completed instead of Form 990-EZ	45	1	X

JVA

AVL

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

GEI	RTI	RUDE HER	BERT .	ART EN	DOWMENT	INC				5	8-201	<u> 2566</u>			
Pa	rt I	Reason	for Pub	olic Charit	ty Status (A	il organı	zations mu	ıst comple	te this par	t.) See ins	tructions.				
The	orga	nization is not a	private fo	undation be	cause it is: (For	r lines 1	through 1	1, check o	nly one bo	x.)					
1		A church, conve	ention of c	hurches, or	association of	churche	es describe	d in secti	on 170(b)	(1)(A)(i).					
2		A school descri													
3	П	A hospital or a													
4		A medical resea	arch organ	ization oper	ated in conjund	ction wit	th a hospita	al describe	ed in secti	on 170(b)	(1)(A)(III).	Enter the	e hospit	al's na	me,
	_	city, and state													
5	Ц	An organization 170(b)(1)(A)(iv)			efit of a college	or unive	ersity owne	ed or oper	ated by a	governme	ntal unit de	escribed	ın sect	ion	
6		A federal, state													
7		An organization section 170(b)				part of i	ts support	from a go	vernmenta	l unit or fro	om the ge	neral put	olic des	cribed	ın
8	П	A community tr	ust describ	oed in sectio	on 170(b)(1)(A)	(vI). (C	omplete Pa	art II)							
9		An organization receipts from a support from giacquired by the	n that norm ctivities rel ross invest	nally receives ated to its ex tment incom	s. (1) more than kempt functions e and unrelated	n 33 1/3 ssubj d busine	% of its si ect to certa ess taxable	upport from un excepti uncome (l	ons, and (2) no more n 511 tax)	e than 33 ⁻	1/3 % of			
10 11	X	An organization An organization purposes of on 509(a)(3). Chec	organized e or more	d and operate publicly sup	ted exclusively ported organiz	for the lations of	benefit of, described i	to perform n section (n the functi 509(a)(1) o	ons of, or r section 5	509(a)(2).	See sect	ilon		
e	a Type I b Type II c Type III-Functionally integrated d Type III-Other														
f		If the organization, cl			determination f	rom the	IRS that it	ıs a Type	I, Type II o	or Type III	supporting	g 			
g		Since August 1 following perso		as the organ	nization accepte	ed any g	gift or conti	nbution fro	om any of t	he					
		(i) A person w	ho directly	or indirectly	y controls, eithe	er alone	or togethe	er with per	sons desc	nbed in (ii))	_		Yes	No
					dy of the suppo							<i>.</i> [11g(l)		X
		(II) A family me	ember of a	person des	cribed in (i) ab	ove?						. [11g(ll)		X
		(III) A 35% con	trolled enti	ity of a perso	on described in	ı (ı) or (ı	ı) above? .						11g(lli)		X
h		Provide the foll	owing info	rmation abo	ut the supporte	ed organ	nızation(s).								
(I) N		e of supported ganization	(11)	EIN	(iii) Type of orga (described on in above or IRC s (see Instruct	nes 1-9 section	ın col. (İ) lı			n ın col. (l)	-) ' '	Amou	
					(0000110.	,	Yes	No	Yes	No	Yes	No	-		
		<u> </u>	 	<u> </u>			†						1		
					ĺ										
					[
					Ì					i]	ļ		
												Ì			
									<u> </u>		}				
													1		
					<u> </u>		ļ		ļ		ļ	ļ			
Tot	al														

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

Schedule A (Form 990 or 990-EZ) 2009

09_EOEZGR91L

AIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY	page 1 - 990-EZ Page 1, Part I, line 5	
SCHEDULE OF GAIN/LO	Attachment 1: page 3	

Dic For Calendar year 2009, or tax	year period beginning 0.7	-01-2009	and ending	06-30-2010	
Name of Organization GERTRUDE HERBERT ART ENDOWMENT INC.			Employer iden 58-201256	Employer Identification Number 58–2012566	
Name of Security or Description of Property	Acquisition Date		How Acquired		Date Sold
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Total					
Publicly traded securities	127,260	124,328		2,932	***************************************

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Open to Public - Inspection For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
ame of Organization	0, 01 2003, and onling	Employer Identification Number
SERTRUDE HERBERT ART ENDOWMENT INC.		58-2012566
Description of Changes		Total Amount
<u> </u>		
NREALIZED GAINS		27,75
		}
		1.
		1
	· · · · · · · · · · · · · · · · · · ·	
A Converset Forms (Software Only) - 2009 TW 1.0819F		Total <u>27,75</u>
		00 EUE:

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public

For calendar year 2009 or tax period beginning 07-01 Inspection

, and ending 06-30-2010.

Name of Organization

GERTRUDE HERBERT ART ENDOWMENT INC.

Employer Identification Number 58-2012566

Primary Purpose

PROVIDES SUPPORT FOR THE GERTRUDE HERBERT INSTITUTE OF ART, A 501(C)3

ORGANIZATION

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public	•	= 04 0000 .	06.20	0010
Inspection For calendar year 2009 or ta	x period beginning 0	7-01-2009, and		
Name of Organization GERTRUDE HERBERT ART ENDO	MENT INC		58-20125	tification Number
(A) Name and Address	(B) Title and Average	(C) Compensation (if	(D) Cont. to Employee	(E) Expense Account
(A) Name and Address	Hrs. per Week	not paid, enter 0)	Ben. Plans & Def. Comp.	& Other Allowances
see attached		, , , , , , , , , , , , , , , , , , , ,		
,		0	0	0
	1			

BOOKS ARE IN CARE OF

<u>Attachment</u>	5 - 990-EZ Page 3, Part V,	Line 42a	
Open to Public			
Inspection	For calendar year 2009 or tax period beginning	07-01 , and ending	g 06-30-2010.
Name of Organizati			Employer Identification Number
GERTRUDE H	ERBERT ART ENDOWMENT INC.		58-2012566
Part V - Line 42a			
Individual Name .		. MATTISON R. VE	RDERY CPA PC
or			
Business Name:			
Street Address		3540 WHEELER R	D. STE 207
U.S. Address:			
Zıp code	30909 City AUGUSTA	SI	tate <u>GA</u>
or			
Foreign Address			
City			
Province or	State		
Country			
Postal code			····
Phone Num	ber		(706) 733-1258
Fax Number	r		(706) 733-1863

2009 DETAIL STATEMENTS

GERTRUDE HERBERT ART ENDOWMENT 58-2012566	Page 1
STATEMENT #1 - Secured mortgages end year (990-EO PG 11 Line 23b) Beginning	Ending
MORGAN KEEGAN ACCOUNT MORGAN KEEGAN ACCOUNT	
TOTAL CARRIED TO 990-EO PG 11 Line 23b 0	0

GERTRUDE HERBERT ART ENDOWMENT 2009-2010 DIRECTORS

Mr. James M. Hull 709 Milledge Rd. Augusta, GA 30904-4349

Mrs. George-Ann W. Knox 912 Milledge Rd. Augusta, GA 30904-4455

Mr. Finley H. Merry 2222 Cumming Rd. Augusta, GA 30904-6901