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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department 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)

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MERIDIAN COUNCIL FOR THE ARTS, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 1405 City or town, state or country, and ZIP + 4 MERIDIAN, MS 39302-1405	D Employer identification number 64-0623870
	F Name and address of principal officer: DEBBIE MARTIN 3283 BUNTIN GUNN ROAD MERIDIAN, MS 39305	E Telephone number (601) 693-2787
	G Gross receipts \$ 71,367.	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
J Website: N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1978	M State of legal domicile MS

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE LOCAL ART IN THE COMMUNITY		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 11)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 20)	8,818.	18,177.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)	1,422.	831.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,736.	22,457.
	13	Grants and similar amounts paid (Part IX, column (A), line 13)	16,976.	41,465.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	2,200.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,032.	25,813.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,032.	28,013.
	19	Revenue less expenses. Subtract line 18 from line 12	-8,056.	13,452.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	84,728.	98,178.
	22	Net assets or fund balances. Subtract line 21 from line 20	712.	712.
	23	Net assets or fund balances. Subtract line 21 from line 20	84,016.	97,466.

Part II Signature Block

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: <i>Deborah Martin</i> Date: 9-14-10 Type or print name and title: DEBORAH MARTIN PRESIDENT
Paid Preparer's Use Only	Preparer's signature: <i>Deborah Martin, CPA</i> Date: 9/9/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions): P00744701
	Firm's name (or yours if self-employed): REA SHAW GIFFIN & STUART, LLP address, and ZIP + 4: 2415 9TH STREET MERIDIAN, MS 39301 EIN: 64-0295411 Phone no: 601-693-2841

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

TO PROMOTE LOCAL ART IN THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 18,753 including grants of \$ _____) (Revenue \$ _____)
 SUPPORT FOR AND PRESENTATION OF LOCAL ART FESTIVALS,
 PERFORMANCES, EVENTS, CHILDREN'S HANDS-ON ART, CHILDREN'S
 CONCERTS, ART EDUCATION, AND ART RELATED SEMINARS AND
 WORKSHOPS.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 18,753.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	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	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	X
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," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
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? <i>If "Yes," complete Schedule J.</i>	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	2
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	27	
1b Enter the number of voting members that are independent	27	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	
b Other officers or key employees of the organization	15b	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CONNIE ROYAL CITY HALL, 601 24TH AVENUE, MERIDIAN, MS , 39302
601-693-2787

Part VIII Statement of Revenue

64-0623870

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	2,125			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	350			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	15,702			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			18,177		
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		831	831		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		52,359			
	b	Less direct expenses		29,902			
	c	Net income or (loss) from fundraising events ATCH. 3		22,457			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total Revenue. See instructions			41,465	831		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,200.	2,200.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)	0.			
a Management	0.			
b Legal	0.			
c Accounting	863.	518.	345.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	3,218.	1,931.	1,287.	
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,665.	2,665.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	0.			
23 Insurance	0.			
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 POSTAGE & FREIGHT	210.	126.	84.	
b TELEPHONE	677.	406.	271.	
c DUES & SUBSCRIPTIONS	224.	134.	90.	
d BANK FEES	585.	351.	234.	
e INSURANCE	3,787.	2,272.	1,515.	
f All other expenses	13,584.	8,150.	5,434.	
25 Total functional expenses. Add lines 1 through 24f	28,013.	18,753.	9,260.	
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	84,728.	2	98,178.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation 10b		10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	84,728.	16	98,178.	
Liabilities	17 Accounts payable and accrued expenses	712.	17	712.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	712.	26	712.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	84,016.	30	97,466.
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	84,016.	33	97,466.	
34 Total liabilities and net assets/fund balances	84,728.	34	98,178.	

Part XI Financial Statements and Reporting

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

Form **990** (2009)

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

MERIDIAN COUNCIL FOR THE ARTS, INC.

64-0623870

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)

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

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

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")						
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.						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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")	31,712	28,897	22,520	8,958	18,177	110,264
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	36,887	30,308	15,419	26,998	52,358	161,970
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	68,599	59,205	37,939	35,956	70,535	272,234
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						272,234

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	68,599	59,205	37,939	35,956	70,535	272,234
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,463	9,918	2,182	1,422	831	15,816
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,463	9,918	2,182	1,422	831	15,816
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)	70,062	69,123	40,121	37,378	71,366	288,050
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.51%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.34%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.49%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.66%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

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

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MERIDIAN COUNCIL FOR THE ARTS, INC.

Employer identification number

64-0623870

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|----------|--------------------------|----------------------------------|----------|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MS,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		ART FESTIVAL (event type)	ART FOR MERIDIA (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	13,996.	38,363.	0	52,359.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,996.	38,363.		52,359.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,750.			2,750.
	6 Rent/facility costs	500.	215.		715.
	7 Food and beverages		10,152.		10,152.
	8 Entertainment		300.		300.
	9 Other direct expenses	5,021.	10,964.		15,985.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(29,902.)
	11 Net income summary Combine line 3, column (d), and line 10				22,457.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

SCHEDULE O
(Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

MERIDIAN COUNCIL FOR THE ARTS, INC.

Employer identification number

64-0623870

ATTACHMENT 1

1.

FORM 990 PART VI SECTION C. LINE 19

THE ASSOCIATION MAKES GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	831	831		
TOTALS	<u>831</u>	<u>831</u>		

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
ANNUAL ART FESTIVAL	13,996.	8,271.	5,725.
ART FOR MERIDIAN	38,363.	21,631.	16,732.
TOTALS	<u>52,359.</u>	<u>29,902.</u>	<u>22,457.</u>

Attachment to MS Form URS - Question 13

Officers	Address	Phone Numbers
Debbie Martin -President	3283 Buntin Gunn Road, Meridian, MS 39305	(h) 601-681-4246
	E-Mail-debbie0708@comcast.net	(o)
	Profession- Marketing - Cartmell Gallery	(c) 601-917-4664
Debby Howze- 1st Vice-Pres.	885 Briarwood Rd Meridian, MS 39305	(h) 601-679-1728
	E-Mail-flynnnow01@hotmail.com	(o) 601-679-8523
	Profession - Guidance Counselor, LCSS	(c) 601-462-9382
Melinda Perry – 2nd Vice-Pres.	6960 S Anderson Rd , Meridian, MS. 39301	(h) 601-485-3473
	E-Mail-mperry@lauderdale.k12.ms.us	(o) 601-693-4463
	Profession- Ele Teacher	(c) 601-527-8942
Jennifer Ruffli- Sec.	2240 Hillcrest Drive, Meridian, MS 39301	(h)
	E-Mail-logogh@yahoo.com	(o)
	Profession-graphic artist	(c) 601-880-1571
Charlotte Massey -Treasurer	6889 A C Brown Road, Meridian, MS 39305	(h) 601-737-2010
	E-Mail-SHASHA1957@aol.com	(o) 601-553-6650
	Profession- Surgical Nurse	(c) 601-917-4103
Kris Gianakos -Ex-Officio	7101 C St Blvd Ext , Meridian, MS 39305	(h) 601-485-2111
	E-Mail-citizengreek@bellsouth.net	(o) 601-679-2481
	Profession-Ret -Current NAS Meridian	(c) 601-462-1088
Board of Directors	Address	Phone Numbers
Bob Bresnahan	2737 31st Street, Meridian, MS 39307	(h) 601-483-1133
	1108 19th Ave P O Box 826, Meridian, MS 39302	(o) 601-693-6386
	E-Mail-bresatty@comcast.net	(fax) 601-693-6401
	Profession- Attorney-Private Practice	(c) 601-527-5995
Melane Byrd	2334 Front Street, Apt 5, Meridian, MS 39301	(h)
	E-Mail-melanebyrd@gmail.com	(o)
	Profession- Pilot-NAS Meridian	(c) 757-214-5520
Douglas Ford	1140 Willow Lake Road, Meridian, MS 39305	(h) 601-482-7660
	E-Mail-douglas.e.ford1@navy.mil	(o) 601-679-3309
	Profession - Training Manager, Dept of Defense	(c) 601-640-2513
April Hawthorne	P O Box 191, Chunky, MS 39323	(h) 601-655-8606
	E-Mail-ahawthorne31@gmail.com	(o) 601-483-3191
	Profession-Teacher - Meridian High School	(c) 601-692-7448
Cassie Henze	404 Makenzie Lane, Meridian, MS 39301	(h)
	E-Mail-ckhenze@hotmail.com	(o) 601-693-4833
	Profession-Graphic Artist-Brainstorm Creative Gr	(c) 850-377-5548
Bob Hermetz	6008 19th Ave Meridian, MS 39305	(h) 601-483-7875
	E-Mail-thesingingdoc@aol.com	(c) 601-678-5477
	Profession -College Prof /Current Voice Teacher	
Board of Directors	Address	Phone Numbers

Odish Howze	885 Briarwood Rd Meridian, MS 39305	(h) 601-679-1728
	<u>E-Mail-odishowze@yahoo.com</u>	(c) 601- 880-5108
	Profession- Retired USN	
Gloria Johnson	1221 64th Court, Meridian, MS 39305	(h) 601-693-5633
	<u>E-Mail-glojohnson@hotmail.com</u>	
	Profession - Art Teacher	
Betty Lou Jones	3637 Parkway Blvd Meridian, MS 39305	(h) 601-482-0166
	<u>E-Mail-bebestuartjones@comcast.net</u>	(fax) 601-482-8988
	Profession- MS State Parole Board	(c) 601-917-4344
Leslie Lee Marshall	5783 Rainbow Parkway, Meridian, MS 39364	(h)
	<u>E-Mail-lalee8888@hotmail.com</u>	(o)
	Profession- Dance Teacher-Elegance Ballroom Studio	(c) 601-934-1414
Debbie Matthews	8590 Highway 493, Bailey, MS 39320	(h) 601-737-2720
	<u>E-Mail-dmmdesign@comcast.net</u>	(c) 601-934-8590
	Profession- Self-employed Artist	
Ann McKee	5891 Windsor Circle, Meridian, MS 39305	(h) 601-681-8525
	<u>E-Mail-annielcy@aol.com</u>	(o)
	Professor- Writer-/Member Miss Artists Roster	(c) 601-479-2483
Sharon Pratt	P O Box 159, Bailey, MS 39320	(h) 601-737-5445
	<u>E-Mail-PrattSharon@hotmail.com</u>	(o) 601-485-4882
	Profession - Music Teacher Northeast Ele	(c) 601-527-3847
Richelle Putnam	600 Old Country Culb Rd , Meridian, MS 39305	(h) 601-482-4121
	<u>E-Mail-richput@mywebemail.net</u>	(c) 601-880-1089
	Profession: Author/MAC Artists and Teaching Roster	
Wayne Rawson	P O Box 1371, Meridian, MS 39302	(h) 601- 485-8319
	1218 23rd Ave , Meridian, MS 39301	(o) 601-693-1966
	<u>E-Mail-wayne@waynerawson.com</u>	(fax) 601-693-1999
	Profession - Photography/Studio Owner	(c) 601-917-5868
David Stephens	P O Box 550, Meridian, MS 39302-0550	(o) 601-679-8274
	<u>E-Mail-DStephens@vzusa.com</u>	(c) 601- 938 -5757
	Profession- Human Relations VanZyverden	
Kirk Thompson	2000 Front Street # 203, Meridian, MS 39301	(h) 601-604-7069
	<u>E-Mail-KirkThompson@meridianms.org</u>	(o) 601-485-1926
	Profession- City of Meridian - Executive Office	(c) 601-927-0221
Mary Ann Varela	7714 Lakeview Dr , Meridian, MS 39305	(h) 601-483-3097
	<u>E-Mail-varelapaul@comcast.net</u>	(o)
	Profession- Retired Nutritionalists	(c) 601-527-1854
Board of Directors	Address	Phone Numbers

[illegible]

**Meridian Council for the Arts
Attachment to URS**

Question 15

Individuals responsible for custody of funds:

Treasurer	2009-2010	2008 - 2009
	Charlotte Massey	Charlotte Massey
	P O Box 1405	P O Box 1405
	Meridian, MS 39302-1405	Meridian, MS 39302-1405
	601-485-1122	601-485-1122

Individuals responsible for fund raising:

All Board Members

Individuals authorized to sign checks:

Two authorized officers must sign the checks

The authorized 2009-2010 officers are

Kris Gianakos - Past President
Debbie Martin - President
Debby Howze - 1st Vice President
Melinda Perry - 2nd Vice President
Jennifer Ruffli - Secretary
Charlotte Massey - Treasurer

The authorized 2008 - 2009 officers are

Campbell Helveston - Past President
Kris Gianakos - President
Debbie Martin - 1st Vice President
Nancy Ray - 2nd Vice President
Melinda Perry - Secretary
Charlotte Massey - Treasurer

Individuals responsible for distribution of funds:

Distribution of funds is made upon official request signed by the executive director, which is approved by the committee chairman involved, the President and/or the First Vice President. Checks are made out by the treasurer and signed by two authorized officers.

Individuals responsible for custody of financial records:

Financial records are kept by the accountant and a copy is kept by the President, the Treasurer, and the Executive Director. The minutes, financial forms, Form 990's, etc. are kept in the business office of the Executive Director for examination at all times.

Staff

- Executive Director Constance B. Royal
P O Box 1405
Meridian, MS 39302-1405
601-693-2787 or 601-485-1944
- Constance B. Royal is hired as the Cultural Affairs Coordinator for the City of Meridian, MS. Her office, secretary, and services as Executive Director of the Meridian Council for the Arts, Inc. are part of her Cultural Affairs job description. Her salary, benefits, secretary's work, and office are in-kind donations made to the Meridian Council for the Arts by the City of Meridian.

- Office Street Address Cultural Affairs/Meridian Council for the Arts
 City of Meridian
 Community Development Department Office
 Downtown Arts District Parking Garage
 723 23rd Avenue
 Meridian, MS 39302

- Cultural Affairs Secretary Dorothy Lloyd
 P O Box 1405
 Meridian, MS 39302
 601-693-2787 or 601-485-1996

Banks in which the registrant's funds are deposited:

BankPlus
 215 22nd Avenue
 Meridian, MS 39301
 601-693-1852
 Account # 332-000-4058

Trustmark National Bank
 700 23rd Avenue
 Meridian, MS 39301
 601-693-2431
 Account #8700040378

See attached list of names, addresses, and phone numbers for 2009-2010 directors

MERIDIAN COUNCIL FOR THE ARTS, INC.

FY 09-10

Organizational Picture

Mission Statement; The Mission of the Meridian Council for the Arts, Inc. is to foster and promote diverse art and cultural organizations, events, education, and individual artists in Meridian/Lauderdale County, Mississippi through leadership, partnership, collaboration, grantsmanship, and service.

The Meridian Council for the Arts, Inc. was designated the local arts agency for Meridian and Lauderdale County by the Meridian City Council and the Lauderdale County Board of Supervisors in 1978. The MCA is staffed by an executive director and a secretary, and governed by a 29-member board of directors with an executive committee made up of the president, first vice president, second vice-president, secretary, treasurer, and the immediate past president. Standing and ad hoc committees oversee all aspects of the operations of the organization and are given specific goals and responsibilities. **In a county with a population of over 76,000 the MCA serves over 100,000 people a year.** Our annual budget ranges from \$45,000.00 to \$85,000.00 each year depending on the events planned and the money raised. Major sources of financial support include the Mississippi Arts Commission, City of Meridian, Lauderdale County Board of Supervisors, Threefoot Festival, special fundraisers, membership, and corporate sponsors. MCA works with city and county officials, East Mississippi Business Development Corporation, and Lauderdale County Tourism Bureau to help promote the area and make an impact on economic development and our quality of life thru the arts.

Our community is a service-based economy with three large medical facilities, a community college, a branch of Mississippi State University, a large regional shopping mall and many recreational facilities available to the public. The area's population is made up of all major races, religions, cultures and cultural traditions.

1. Long-Range Plan Introduction:

On March 7, 2009 the MCA held a meeting to review and evaluate our Long Range - Strategic Plan to insure that the plan continues to reflect the direction of the council for the next five years.

2. Program Criteria and Long- Range Plan:

The Meridian Council for the Arts Long Range- Strategic Plan has these basic goals:

- A. Leadership, Program Development, Advocacy, Economic Development through the Arts, and Quality of Life**
- B. Organization Stability, Capacity, and Financial Development**
- C. Collaborative Efforts, Project Support, Art Education Support**
- D. Public Awareness**

MCA works to **Lead** the way in support of the arts with **Program Development** designed to encourage involvement in the arts by everyone in the community. MCA strives to bring the arts to under-served areas of the community through **the Threefoot Festival**, which has a wealth of free, high quality art exhibits, activities, and performances designed for children as well as adults, **is a program of work that is celebration of the arts held in the center of downtown and involves local**

downtown businesses, and the **Community Art Grant Program**, our re-granting program which provides critical **support to programs or projects** designed to involve those who are often challenged by racial or economic barriers. The **Community Art Grant Program has funded over \$178,221.35 in matching grants** to art organizations, schools, and individual artists through this program since 1992 making a direct impact on economic development and will continue to be a large part of our community outreach. **Arts Education** is taking the forefront in our community so MCA formed an **Art Education Program Committee** to provide whole school matching grant money, art education planning and collaboration, promote arts education, and enhance the growth of this education in and through schools and organizations. These programs are prime examples of our strong involvement in business, cultural and educational projects for our community. This past year **MCA Art Education Program Committee collaborated in a community-wide project to provide arts-integrated learning for area students. The MCA partnered with the MSU Riley Education and Performing Arts Center to expand the educational component of their "Flat Stanley" musical production for students.** The Arts Education Committee members developed extensive arts-integrated materials based on Social Studies, Math, Language Arts, and visual Arts standards from the Mississippi Department of Education, which were disseminated during two workshops conducted by the committee members to over 150 teachers and pre-service teachers from the MSU Meridian Branch. MCA also collaborated with the local Girl Scouts Council to develop a new badge for theater, which started with the Flat Stanley production. **The Arts Education Program Committee** also expanded arts opportunities for area children at two Festivals this year. During the **Fall Threefoot Festival** held in **October**, children learned about the arts of Japan, Africa, and the Middle East. Students created six different types of visual art related to the countries, including fish printing, mask making, and fabric art. Demonstrations of drumming, belly dancing, Japanese calligraphy, and a Japanese tea ceremony were given. In **April**, the **Spring Threefoot Festival** featured arts from the major regions of the United States. Children enjoyed nine regional art activities, including an archeological dig, square dancing, dulcimer music, weaving, pottery, Choctaw Indian bead weaving, storytelling, and quilting. Facilitators and demonstrators who volunteered for the children's art activities included city, county, and private school art teachers, community members, and out-of-state volunteers. In FY 2009-2010 the Education Committee will develop several arts experiences for area students related to the 150th birthday of Meridian and will set the following goals for the year. 1. Incorporate arts-integrated curriculum and resources developed last year by MCA about the history of Meridian and distribute it to all third grade public, private, parochial teachers and school libraries. 2. Develop children's arts activities at the Threefoot Festival that revolve around the history of Meridian and local historic buildings. 3. Engage Superior Concept Monsters, Inc. of New York to work with local groups to develop large-scale historical parade puppets for the celebration of Meridian's birthday. 4. Continue to collaborate with other organizations to promote Art Education in our area. **All of the above programs of work add significantly to our local Quality of Life and Economic Development through the Arts.**

MCA has a strong, stable **Organizational** background. Our plans are designed to continue our growth, and our ability to provide income through fundraisers, corporate

sponsorship, foundation grants, and government sponsorship to extend our outreach into the community. **The in-kind contributions to MCA demonstrate the amount of community respect, trust, and support that the council receives** MCA plans to continue to sponsor the Threefoot Art Festival, and to sponsor additional art events and projects as the opportunity arises. We feel this adds to our **Stability, Capacity, and Financial Development** and helps us to achieve our goals

Enhancing our **Collaborative Efforts** with our **art partner organizations** and other art and cultural heritage organizations throughout the state and nation is an **ongoing** goal for the MCA. MCA points with pride to its **Flat Stanley collaborative efforts with five other local organizations**. MSU Riley Center, Meridian/Lauderdale County Library, Meridian Museum of Art, Ms Writer's Guild, and Gulf Pines Girl Scouts Council. And the **collaborative efforts** in the **Spring Threefoot Festival**.

Public Awareness for the Arts is high due to several local projects. "Around Town Carousels Abound" a public art project, the MSU-Riley Education and Performing Arts Center, and the new ownership/operation of the historic Temple Theatre have placed our downtown area firmly in the public eye MCA looks forward to partnering with these projects and organizations to help solidify downtown Meridian as a viable arts district.

The **MCA Promotion Committee** developed a 'wish list' of things to accomplish to promote the arts. The first on the wish list is the reconstruction of the MCA website. The second item is to work diligently to develop new and maintain existing relationships with all the arts organizations as demonstrated by the cooperative effort of the **Spring Threefoot Festival**. **Partners in the Spring Threefoot Festival included** the Meridian Museum of Arts, the Mississippi Writers Guild, the Storytellers Association, Meridian Little Theater, Jeff Anderson Hospital Fitness Center, Jimmie Rodgers Foundation, and the Make-A-Wish Foundation. During the coming year, the Promotion Committee plans to create and maintain an updated arts database, continue our partnering effort with art organizations and **promote art and art activities through radio, newspaper, magazine, television, mass mail, e-mail, and websites**.

Program Schedules and Strategic Plans are developed for the next five years. We **evaluate** each of our events, projects and our strategic plan each year with **word of mouth surveys, written survey forms and meetings** held at the end of each project and at the beginning of each year to **review goals and results** and to identify and implement needed changes.

Artistic Excellence is stressed in the Meridian/Lauderdale County area through our successful **juried art exhibits and competitions in the Threefoot Festival, our Arts Education Program, our Arts Promotion Program and our Community Art Grant Program** are all prime examples of the quality of the arts sponsored by MCA as well as the Council's ability to carry out the projects it sponsors

MCA is committed to working together with City, County, and State Officials, as well as Universities, Community Colleges and all other art entities to enhance our area as a showcase for the arts, arts education, cultural arts, cultural heritage, and the arts as a community development tool.