

## 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



## **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

									<u>,</u>				
	For the	2009 calend	lar year,	or tax year begin	ni <u>ng Jul 1</u>	,	2009, and	d ending	Jun	30		, 2010	
В	Check if a	applicable		C Name of organiz	ation					D Employ	yer iden	itification Numb	er
	Addi	ress change	Please use IRS label	Norman Art	s Council	L				73-	1051	L578	
	Nam	ne change	or print or type.	Number and stre	et (or PO box if m	ail is not delivered to s	treet addr)	Room/suit	9	<b>É</b> Teleph	one nun	nber	
	India	al return	See specific	P.O. Box 8	5					(40	5) 3	360-1162	
		nination	instruc- tions	City, town or cou			State ZIP	code + 4					
	<b>-</b>	ended return		Norman			OK 73	3070		G Gross	eceints	\$ 472,6	04.
	$\vdash$	lication pending	F Name	and address of principa	al officer				(a) is this a	group retu			Yes X No
	☐ , ∠bb.			avaghan P.O.		Norman	OK 73	l.,	b) Are all	affiliates inc	luded?		Yes No
_	Tay	exempt statu	_		(insert no )	4947(a)(1)	-	27	If 'No,'	attach a list	(see in	structions)	L
<u>;</u>		site: N/		(c) (3 ) ·	(insert no )	1 14347(0)(1)	01 1 1 3		'a) Craus r	exemption n		•	
			X Corpor		<del> </del>		1		<del></del>				O77
K	rt (	of organization		ation Trust	Association	Other -	L Year o	of Formation	19/6	) [ [ ivi :	state of	legal domicile	OK
Fa		Summa					mb o		3		-11		
				ganization's missi									
Activities & Governance				istance, pr and humanit								X	
Ta .	_	reas.	<u>ar co c</u>	and humanit	TED TH CT	e city of	MOT WAD	_ and_	50110	anan in	a – –		
Ver	-			if the organization	n discontinued	uts operations or	disposed	of more					
ŏ				bers of the govern			aisposed	or more		o or its a.		20	
රේ ග				t voting members			line 1b)					20	
ıţe.	5 T	otal number	of emplo	yees (Part V, line	2a)						5	] <del></del>	
ţ.	6 T	otal number	of volunt	eers (estimate if i	necessary)						6	200	
ĕ	7a T	otal gross ur	related b	ousiness revenue	from Part VIII,	Icolumn (C), ine	12				7 a	<del></del>	0.
	<b>b</b> N	let unrelated	business	taxable income f	rom Form 990	T, line 34					7 b		
)									Pi	rior Year		Curren	t Year
) . 0	<b>8</b> C	Contributions	and gran	ts (Part VIII, line	1h)	•		ĺ		337,8	373.	3	75,631.
Revenue	<b>9</b> P	rogram serv	ice reven	ue (Part VIII, line	2g)					113,4	84.		94,503.
	<b>10</b> fr	nvestment in	come (Pa	art VIII, column (A	.), lines 3, 4, ai	nd 7d)				2,6	67.		2,470.
ا <b>د</b>		1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,					93.						
<i></i>	12 T	otal revenue	- add lii	nes 8 through 11	(must equal Pa	art VIII, column (A	), line 12)	)		456,1	<u>.17.</u>	4	72,604.
2	<b>13</b> G	Grants and si	mılar amı	ounts paid (Part I	X, column (A),	lines 1-3)		,					
2	14 B	Benefits paid	to or for	members (Part IX	l, column (A), l	ine 4)		ļ					
۰ م	<b>15</b> S	Salaries, othe	r comper	nsation, employee	benefits (Part	IX, column (A), I	ines 5-10)	)		53,1	.59 <u>.</u>	<u> </u>	51,645.
) Se	16a P	rofessional f	undraisin	ig fees (Part IX, c	olumn (A), line	: 11e)							
Expenses	ьт	otal fundrais	ına exper	nses (Part IX. coli	lumn (D), line 25) ► 0.								
ָ ה			γ	X, DIMPO						383,6	60.	3	90,487.
,				pes 13-17 (must e			5)	Ì		436,8			12,132.
			0 1	s. Subtract line 18		Joidini (77), mic 2	3)	•	-	19,2			30,472.
	13 1	evenue jess	8	WAY 2 0									
Net Assets or Fund Balances	20 7	'atal aaaata (			ונטו			}	Begin	ning of Y		End of	
Bel	20 T   21 T	otal assets (	Part X, It	TIETTO)				ł		136,5 70,1			57,244.
c de c		otal liabilities	II.		UT I								50,369.
		let assets or		<del></del>	he 21 from Juhe	20				66,4	03.		96 <u>,875.</u>
Pa	rt II	Signatu					<del></del>						
		Under penalties	s of perjury, nd complete	I declare that I have ex Declaration of prepar	kamined this return, er (other than office	including accompanyi r) is based on all infor	ng schedules mation of wh	and statem ich prepare	ents, and the has any k	to the best o nowledge	of my kn	owledge and bel	ief, it is
٥.			· /_	s' do.					1.2	-1			
Sig He	jn	Signature	<u> </u>	XVA/XV	<u>~</u>				Dat	Short	П—		
пе	re	Jighature (	or onicer	Riacadu		-12-11-1	20.7	~~.0	Dat	• •			
			int name an		AN EX	EUTIVES	NIZ	MOC					
	<u></u>	Type or pri	int name an	d title			10:		<del></del>		To		
_			•		)		Date		Ch sel	eck if f-	[S	reparer's identify see instructions)	ing number
Pai		Preparer's	_ /	True L					em	ployed 🏲			
Pre	e- rer's	signature	- (/	19114 1 (A)			[05/	12/11	$-\!$		l_		<u> </u>
Us		Firm's name (o	r <u>LAR</u>		CO, PC								
On		employed), address, and	<b>▶</b> <u>122</u>	5 67. MAIN S	ST. # 124				EIN	· •			
		ZIP + 4	NOR				3069-6	851	Ph	one no			<del></del>
May	the IR	S discuss thi	s return v	with the preparer	shown above?	(see instructions)						X Yes	No
DA	A Far B	eisen ose A ot o	nd Dance	work Reduction	Act Notice see	the congrate inc	tructions			TFFA0101	07/20	ina Form	990 (2009)

Yes No

Form 990 (2009) Norman Arts Council
Part IV Checklist of Required Schedules

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_x_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	3.	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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, VIII, IX, or $X$ as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			1
•	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			į
•	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	_ x	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax  Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		_	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		<u> </u>
14 a	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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
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		<u>x</u>

BAA

Form 990 (2009) Norman Arts Council
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? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		_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? If 'Yes,' complete Schedule L, Part I	25a		х_
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual ' If 'Yes,' complete Schedule L, Part III	27		х_
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13) $^{\circ}$ If 'Yes,' complete Schedule R, Part V, line 2	35		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
		E0	000	2000

Form **990** (2009)

Page 5

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 Information Returns Enter -0- if not applicable 1 a b 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 1 c х (gambling) winnings to prize winners? 2 a 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 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a x this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 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 х **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? 5 a X 5b x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь 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 7 a х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с x 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 9Ь X b Did the organization make any distribution to a donor, donor advisor, or related person? 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 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form 990 (2009)

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.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1	a Enter the	number of voting members of the governing body	1a 20					
	<b>b</b> Enter the	number of voting members that are independent	1b 20					
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	itionship with any other	2		x		
3	Did the or	ganization delegate control over management duties customarily performed by or uno , directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x		
4		ganization make any significant changes to its organizational documents	•	4		<u>x</u>		
		prior Form 990 was filed?						
5	Did the or	ganization become aware during the year of a material diversion of the organization's	s assets?	5		_X		
6	Does the	organization have members or stockholders?		6		X		
7	Does the governing	organization have members, stockholders, or other persons who may elect one or mo body?	ore members of the	7a		x		
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
;	a The gover			8a	x			
	-	mittee with authority to act on behalf of the governing body?		8b	x			
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cann on's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	9		x		
Sec		Policies (This Section B requests information about policies not r	required by the Interna					
Rev	enue Code	)						
					Yes	No		
10	Does the	organization have local chapters, branches, or affiliates?		10 a		<u> </u>		
1	o If 'Yes,' do and brand	pes the organization have written policies and procedures governing the activities of s hes to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b				
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body be	fore filing the form?	11	X			
		n Schedule O the process, if any, used by the organization to review this Form 990		ļ,				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u> </u>		
	d Are office to conflict	rs, directors or trustees, and key employees required to disclose annually interests th ${\rm s}^2$	nat could give rise	12b				
•		organization regularly and consistently monitor and enforce compliance with the polic O how this is done	cy? If 'Yes,' describe in	12c				
13	Does the	organization have a written whistleblower policy?		13		<u>x</u>		
14	Does the	organization have a written document retention and destruction policy?		14		<u> </u>		
15	Did the pr persons,	ocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	pproval by independent sion?					
:	a The organ	ization's CEO, Executive Director, or top management official		15a	X			
l		cers of key employees of the organization		15Ь	X			
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)						
16		ganization invest in, contribute assets to, or participate in a joint venture or similar aing the year?	rrangement with a taxable	16 a	3	x		
l	in joint ve	as the organization adopted a written policy or procedure requiring the organization to nture arrangements under applicable federal tax law, and taken steps to safeguard the n respect to such arrangements?	evaluate its participation ne organization's exempt	16b				
Sec	tion C.	Disclosures						
17	List the st	ates with which a copy of this Form 990 is required to be filed   Oklahoma						
18	Section 6 inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	1 990-T (501(c)(3)s only) ava	ulable	for pu	blic		
Own website Another's website X Upon request								
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organ  Norman Norman Arts Council P.O. Box 85. Norman OK 73070 (4								
	Norman	Norman Arts Council P.O. Box 85, Norman Of	<u>K _ 73070 (4</u>	05)_3	00-1	7704		

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) (D) (E) (F) Reportable compensation from related organizations (W-2/1099-MISC) Position (check all that apply) Name and Title Average Reportable compensation from the organization (W 2/1099-MISC) Estimated amount of other FORTE per week r) IVIDI anstitutional kustee employee compensation from the 2 3 emphyee organization and related となって сипрепьете organizations See 2.00 <u>Attac</u>hed X

Part VII   Section A. Officers, Directors, Trust	tees, k	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)			
(A)	(B)		. ,	((				(D)	(E)	(F)			
Name and Title	Average hours	Posi	tion (					Reportable compensation from	Reportable compensation from	Estimated amount of other			
	hours per week	r dire	Institutional trustee	Officer	Key e	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the			
	ì	dual ector	t on	~	employee	st co	=			organization and related			
		trust	al tru		ye.	mpe				organizations			
		*	stee			nsated							
						ä							
							<u> </u>						
	1												
	<del> </del> -	-	-	<u> </u>			┝	<u> </u>	<del></del>				
	}						ļ	}					
		$\vdash$			$\vdash$	-							
	1												
									<del>-</del>				
		<u> </u>		<u> </u>	ļ								
	1												
				ļ	ļ		_						
	1				Ì								
	-									<del></del>			
	1							!					
	ļ <u> </u>	_			<u> </u>								
	<del> </del> -	_	-			-				<del></del>			
	1												
1 b Total		<b>.</b>	L		<u> </u>	L	<u> </u>						
2 Total number of individuals (including but not limited	to those	e list	ted a	abov	/e) v	vho	rece	eived more than \$	100,000 in reportab	le compensation			
from the organization										·			
,										Yes No			
3 Did the organization list any former officer, director of	or truste	e, k	еу е	mpl	oye	e, or	hig	hest compensated	employee				
on line 1a? If 'Yes,' complete Schedule J for such in										3 X			
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com ),000	pen: )? <i>If</i>	satio 'Ye	on a s' co	na c omp	otnei lete	r compensation tro Schedule J for su	om ch				
ındıvıdual										4 X			
5 Did any person listed on line 1a receive or accrue co	mpensa	tion	fror	n ar	ıy u	nrela	ated	organization for s	ervices	5 X			
rendered to the organization? If 'Yes,' complete School Section B. Independent Contractors	eaule J	or s	ucn	per:	son		_	<del></del>		5   X			
1 Complete this table for your five highest compensate	d indep	ende	ent c	ontr	acto	ors t	hat	received more tha	n \$100,000 of				
compensation from the organization.								<u> </u>	<del></del>				
(A)	_							(B)	of Sarusas	(C)			
Name and business address	<u> </u>							Description of	of Services	Compensation			
							-		<del></del>				
						_							
								L					
2 Total number of independent contractors (including b	out not li	mite	d to	tho	se I	stec	d ab	ove) who received	more than	i			
\$100,000 in compensation from the organization									l				

Га	t viii   Statement of Revenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
GRANTS MOUNTS		6,884. 7,109.	<del></del>	revenue		512, 513, or 514
IONS, GIFTS R SIMILAR A	d Related organizations e Government grants (contributions)  1 d 1 e 320	0,662.				
CONTRIBUT AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribus included in lins 1a-1f  h Total. Add lines 1a-1f	0,976. ►	375 <u>,</u> 631 <u>.</u>			
REVENUE	Busines  2a Music Festival -  b	ss Code	94,503.	94,503.	0.	0.
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	cde					
PROGR	f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>	94,503.	<u> </u>		<del></del>
	3 Investment income (including dividends, interest other similar amounts) 4 Income from investment of tax-exempt bond proc	•	2,470.	0.	0.	2,470.
	5 Royalties  (i) Real (ii) P.  6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	ersonal				
	7 a Gross amount from sales of assets other than inventory  b Less. cost or other basis and sales expenses	Other				
	c Gain or (loss) d Net gain or (loss)	<b>•</b>				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 7,109. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	<b>-</b>				
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b			,		
!	c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns	•				
	and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue Busines	s Code		-		
	b					
	d All other revenue e Total. Add lines 11a-11d	<b>-</b>				
	12 Total revenue. See instructions	•	472,604.	94,503.	0.	2,470.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must com	nlete column (A) hut are no	t required to complete column	c (B) (C) and (D)
All other organizations must com	piele coluilli (A) but are no	t required to complete column	5 (D), (C), and (D).

	All other organizations must com	piete column (A) but are			<del></del>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,645.	40,877.	10,768.	0.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	· ·			<del></del>	
	Legal .			0.051	
	Accounting	3,369.	518.	2,851.	<u> </u>
	<b>i</b> Lobbying				<del></del>
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
Ç	g Other				
12	Advertising and promotion				
13	Office expenses	3,072.	2,596.	476.	0.
14	Information technology				
15	Royalties				
16	Occupancy	11,810.	10,270.	1,540.	0.
17		2,735.	2,523.	212.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,733.	2,323.	212.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	843.	632.	211.	0.
23	Insurance	6,340.	6,036.	304.	0.
	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	Art In Public Places	493.	493.	0.	0.
	Artistic Fees	120,548.	120,548.	0.	0.
(	Bank Charges	525.	0.	525.	0.
	Contract Labor	60,171.	56,229.	3,942.	0.
	Dues & Subscriptions	421.	421.	0.	0.
	All other expenses	180,160.	176,851.	3,309.	0.
	·	442,132.	417,994.	24,138.	0.
	Total functional expenses. Add lines 1 through 24f	444,134.	71/,334.		<u> </u>
26	Joint costs. Check here ►				
BAA					Form <b>990</b> (2009)

		(2009) Norman Arts Council	73-:	1051	<b>578</b> Page <b>1</b>
<u>Pa</u>	rt X	Balance Sheet	Ţ ·	r	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	112,707.	1	137,605
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,272.	4	16,854
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	<u></u>
	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	· · · · · · · · · · · · · · · · · ·
S	7	Notes and loans receivable, net		7	
A S S E	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	819.	9	1,830
	10 a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D			
	h	Less accumulated depreciation 10b	843.	10 c	
	11	Investments – publicly-traded securities	0.13.	11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – other securities ocer art IV, line 11	···	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	955.	15	955
	16	Total assets Add lines 1 through 15 (must equal line 34)	136,596.	16	157,244
	17	Accounts payable and accrued expenses	2,678.	17	755
	18	Grants payable	46,558.	18	48,080
	19	Deferred revenue .	10,330.	19	20,000
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B I L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ť		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties	20,000.	23	10,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	957.	25	1,534
	26	Total liabilities. Add lines 17 through 25	70,193.	26	60,369
Ñ		Organizations that follow SFAS 117, check here   X and complete lines			
Ŧ		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	66,403.	27	96,875
Ĕ	28	Temporarily restricted net assets		28	·
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ▶ and complete			
F		lines 30 through 34.		_	
FUND	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
L	32	Retained earnings, endowment, accumulated income, or other funds		32	
ANCES	33	Total net assets or fund balances.	66,403.	33	96,875
ร	34	Total liabilities and net assets/fund balances	136,596.	34	157,244

BAA

Form **990** (2009)

73-1051578		Page <b>12</b>				
		Yes	No			
blain			:			
tant?	2 a	-	X			
	2b	Х				
for oversight of the audit,	2 c	x				
ar, explain						

Form 990 (2009) Norman Arts Council
Part XI | Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b Were the organization's financial statements audited by an independent accountant?							
(	c 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						
(	I if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
3 a	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?						
t —	olf '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	3 b					

BAA

Form 990 (2009)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2009

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Name	of the	e organization							Employe	r identifica	ation number	
Nor	ma	n Arts Counc			<u> </u>					05157		
Par	<u> </u>	Reason for Pu	ıblic Charity Statu	s (All organizations	must o	comple	te this	part.)	See I	<u>nstruc</u>	tions	
The c	rga	nization is not a pri	vate foundation becaus	se it is (For lines 1 through	gh 11, c	heck on	y one b	ox)				
1		A church, conventi	on of churches or asso	ociation of churches descr	ribed in	section	1 <b>70(b)(</b> 1	)(A)(i).				
2		A school described	I in section 170(b)(1)(A	A)(ii). (Attach Schedule E	)							
3		A hospital or coope	erative hospital service	organization described in	n <b>sectio</b>	n 170(b)	(1)(A)(ii	i).				
4	П	A medical research	n organization operated	d in conjunction with a ho	spital de	escribed	ın secti	ion 170(	b)(1)(A)	(iii) Ent	er the hospital's	
	_	name, city, and sta	ate									
5		An organization op 170(b)(1)(A)(iv). (0	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 70(b)(1)(A)(iv). (Complete Part II)									
6 7	x	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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				70(b)(1)(A)(vi). (Complete	e Part II	)						
9		from activities rela investment income	ted to its exempt funct	more than 33-1/3 % of lons — subject to certain as taxable income (less somplete Part III)	exception	ins, and	(2) no r	nore tha	an 33-1/.	3 % of it	ts support from gros	ts ss
10		An organization or	ganized and operated	exclusively to test for pub	lic safet	y. See s	ection!	509(a)(4	).			
11		more publicly supp	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	)(1) or s	ection 5	09(a)(2)	ions of, See <b>s</b> e	or carry ection 5	out the <b>09(a)(3)</b> .	purposes of one or Check the box tha	it
		a Type I	<b>b</b> 🗌 Type II	c 🔲 Type III	– Fund	tionally	integrat	ed		d 🗌	Type III - Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle i one or more publicly sup	d directi oported	y or indi organiza	rectly by	y one or escribed	more d in secti	isqualific on 509(a	ed persons other a)(1) or section	
f		If the organization check this box	received a written dete	ermination from the IRS th	nat is a	Type I, T	Type II o	r Type I	II suppo	rting org	janization,	
g		Since August 17, 2	1006, has the organizat	ion accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?		
		below, the go	overning body of the su		ogether v	with pers	sons des	scribed i	n (II) an	d (III)	11 g (i)	No
		(ii) a family men	nber of a person desc	ribed in (i) above?							11 g (ii)	
				described in (i) or (ii) abo							11 g (iii)	
h		Provide the following	ng information about th	ne supported organization	ıs.							
	(1	i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Suppo	rt
					Yes	No	Yes	No	Yes	No		
							_					
	_				-							
	_											
Total												

Schedule A (Form 990 or 990-EZ) 2009 73-1051578 Norman Arts Council 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 1) Section A. Public Support Calendar year (or fiscal year (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 (a) 2005 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 1,498,075. 326,094 351,896 375,631 234,522 209,932 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 1,498,075. 375,631. 234,522 209,932 326,094 351,896 Total. Add lines 1-through 3 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) Public support. Subtract line 5 1,498,075. from line 4 Section B. Total Support Calendar year (or fiscal year (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 beginning in) 375,631 1,498,075. 234,522 209,932 326,094 351,896 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 2,470 12,911. 2,594 2,663 2,667 2,517 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 94,503 270,201. 0 0 62,214 113,484 Part IV) Total support. Add lines 7 1,781,187. through 10 Gross receipts from related activities, etc (see instructions) 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 84.11% 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the 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

87.63%

17 a 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

### Schedule A (Form 990 or 990-EZ) 2009 Norman Arts Council 73-1051578 Page 3 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 yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 9 Amounts from line 6 10 a Gross income from interest dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedu	ile A (Fo	orm 990 or 99	0-EZ) 2009	Norman A	ts Counci	.1		73-1051578	Page 4
Part I	V Si	upplement	al Informa	<b>tion.</b> Complet	e this part to	provide the ex	planations red	quired by Part II,	line 10:
	Pa	art II, line 1	7a or 17b	; and Part III,	line 12. Pro	vide any other a	additional info	rmation. See inst	ructions.
								-	
Othe	r Inc	ome Part	II, Li	<u>ne 10</u>					
Desc	ripti	on: Musi	c Festi	val					
2005	:_0.			<b></b>					
2006	:_0.								
2007	: 622	14							
2008	:_113	484							
2009	: 945	03							
	_								
_									
	<del>-</del>								
						<b></b>			<b></b>
_						_	_		
_									
				<b></b> -					
				<b></b>					

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public I

Employer Identification number

No	rman Arts Council		73-1051	L578
Pa	rt I Organizations Maintaining Dong	r Advised Funds or Other Similar F	unds or Accounts Co	mplete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and of	ther accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject		donor advised	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	he benefit of the donor or donor advisor or fo	r any other	Yes No
Pai	rt II Conservation Easements Compl	ete if the organization answered 'Ye	s' to Form 990. Part I\	/. line 7.
1	Purpose(s) of conservation easements held by			<u>, , , , , , , , , , , , , , , , , , , </u>
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	n of an historically importar	nt land area
	Protection of natural habitat	·	n of certified historic structu	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in		easement on the
			→ 🕅 Held at the	e End of the Year
1	Total number of conservation easements		2 a	
	Total acreage restricted by conservation easer		2b	
	Number of conservation easements on a certif		2c	
	Number of conservation easements included in		2d	
3	Number of conservation easements modified,	transferred, released, extinguished, or termin	ated by the organization dur	ing the tax
4	year ► Number of states where property subject to co	propyration assument is located >		
_		<del></del>	<del></del>	
5	Does the organization have a written policy re and enforcement of the conservation easemer		andling of violations,	Yes No
6	Staff and volunteer hours devoted to monitoring the year   Note that the state of t	ig, inspecting, and enforcing conservation eas	sements	_
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easeme		<del></del>
	during the year ►		\$	<del></del>
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	, ,		Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in its revenue a o the organization's financial statements that	nd expense statement, and describes the organization's	balance sheet, and accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III	or Other Similar Assent	ets
1:	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research in further	nent and balance sheet work rance of public service, prov	ks of art, historical ride, in Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement ic exhibition, education, or research in further	and balance sheet works of ance of public service, prov	f art, historical aide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items:	for financial gain, provide the	he following
	a Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$	
1	Assets included in Form 990, Part X		<b>≻</b> \$	

· ·							
Part III Organizations Mainta			tariasi Trassuras a	73-10!		n # 1 m	Page :
3 Using the organization's acquisition items (check all that apply)		nd other records, che	ck any of the following th				
b Scholarly research c Preservation for future gener 4 Provide a description of the organ		e Othe	•	zation's exempt purpose	ın		<del></del>
Part XIV  5 During the year, did the organizar assets to be sold to raise funds r.					Yes		No
Part IV Escrow and Custodia 9, or reported an amo	unt on Form	ents Complete if 1 990, Part X, line	organization answe	red Yes to Form S	990, Part	IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?  b If 'Yes,' explain the arrangement				r assets not	Yes		No
bili res, explain the arrangement	IIII alt Alv all	2 complete the following	ng table		Amount		
c Beginning balance				1 c			
<b>d</b> Additions during the year			•	1 d			
e Distributions during the year				1 e			
f Ending balance							
2a Did the organization include an a		1 990, Part X, line 217			∐ Yes	L	_ No
b If 'Yes,' explain the arrangement  Part V Endowment Funds Co		ganization analys	rad 'Vas' ta Farm 00	00 Dort IV June 10			
Part V   Endowment Funds Co	(a) Current y				$\overline{}$	ur years	c hack
1 a Beginning of year balance	(a) content	Cai (b) Thoryc	di (c) i wo years bac	k (u) Tillee years back	(6) 100	ur years	3 Dack
<b>b</b> Contributions			<del> </del>	<del> </del>			
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>	-						
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage a Board designated or quasi-endow b Permanent endowment ► c Term endowment ►	<del>-</del>	nd balance held as					
3a Are there endowment funds not in organization by:	n the possessio	on of the organization	that are held and admını	stered for the	[,	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations lis	sted as required on So	hedule R?		3b		
4 Describe in Part XIV the intended						_	
Part VI Investments-Land, B					<del></del>		
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	( <b>d)</b> Bo	ok Va ———	.lue ——
<b>1a</b> Land	!		1				

**b** Buildings  ${\color{red}c \; \text{Leasehold improvements}}$ **d** Equipment e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

73-1051578

Page 3

Schedule D (Form 990) 2009 Norman Arts Council	73- <u>1051578</u>	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		472,604.
2 Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	442,132.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		30,472.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8	<u> </u>	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		30,472.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1 Total revenue, gains, and other support per audited financial statements	1 %0 \\004	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants . 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1 Total expenses and losses per audited financial statements .	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	Sint	
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	<b>3</b>	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b .		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	<del> </del>
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) Part-XIV <sub>2</sub> Supplemental Information	5	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this information	IV, lines 1b and 2b, part to provide any	Part V, additional

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule <b>D</b>	(Form 990) 2009 Norman Arts Council	<u>73</u> -1051578	Page 5
Part XIV	Supplemental Information (continued)		
	•		
	•		

TEEA3305 07/10/09

Schedule **D** (Form 990) 2009

BAA

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

OMB No 1545-0047

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

► Attach to Form 990.

2009 Open to Rublic

ł	Employer identification number
Norman Arts Council	73-1051578
Pt VI-B, Line 11A Form 990 is made available to board of director	s_before
filing.	
Pt VI-B, Line 15 Compensation to director is approved by the boar	
	~
	· · · · · · · · · · · · · · · · · · ·

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

for the arts and humanities in the City of Norman and surrounding areas.

## **Supporting Statement of:**

## Form 990 p 9/Government Grants

Description	Amount
Hotel/Motel	288,014.
Oklahoma Arts Council	32,648.
Total	320,662.

## **Supporting Statement of:**

## Form 990 p 9/Other amt. not included

Description	Amount
Cash Donations	3,188.
Other Donations	27,788.
Total	30.976.

**NORMAN ARTS COUNCIL** 

210 East Main Street, Suite 223, 73069 / P O Box 85, Norman, OK 73070

Tel: 405-360-1162 Fax: 405-360-0086 www.normanarts.org BOARD OF DIRECTORS 2009 - 2010

President Sasha President Jonathan President Sasha President Elect Joe Vice-President Anne Cant Officer Kathryn Secretary Mary Roundtable Chair Board member Kate Board member Anthony Board member Anthony Board member Anthony Board member Chinstian President Elect Joe Hopper Clement Franciscus Franciscu	10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	47-1370 47-1370 47-1370 47-1370 47-1370 47-1370 47-1370 47-1370	202-4835 202-4835 659-0642 706-6747 570-3910 501-0701 361-9811 808-2756	State   Stat
President Elect Joe Harris Brain Salva Brain Bra	10. 1		202-4835 202-4835 659-0642 706-6747 570-3910 501-0701 361-9811 361-9811 363-8015	### Paragraph ##
President Jonathan President Sasha President Elect Joe Vice-President Elect Joe Clamper Vice-President Anne Grant Officer Kathryn Secretary Mary Roundfable Chair Lisa CNCVB Representative Sherry Board member Kate Board member Anthony Board member Anthony Board member Anthony Board member Christian President Province Representative Board member Anthony Pritt	364.4648 404 572.5900 564 565 565 565 565 565 565 565 565 565	573-9939 573	202-4835 202-4835 659-0642 706-6747 570-3910 501-0701 361-9811 808-2756 830-8015	Fowler Holding Co, 2721 36th Ave. NW Norman 73071  4406 Sherburne Rd., Norman 73072  OPUBCO 9000 Broadway Ext., OKC 73114-3799  626 Tulsa St., Norman, OK 73071  1804 Quail Creek Dr. 73026  2721 Tropicana Ave. Norman 73071  1600 S. Jenkins, Norman 73072  1805 Yorktown Circle, Norman 73071  Republic Bank, 401 W Main, Norman 73069  3916 Harrogate Drive, Norman 73072
President Jonathan         Fowler         Sp. 76-80           r/Finance Comm. Chair Sasha         Clements         367-46-40           President Elect Joe         Hopper         274-80/25           Vice-President Anne         Harris         379-67-30           Grant Officer Kathryn         Sweeney         574-80/25           Secretary Mary         Sallee         447-13-70           Roundtable Chair Lisa         Angelotu         275-57-22           C/NCVB Representative Sherry         Borard member         Brown         329-51-22           Board member         Kate         Buller         305-51-22           Board member         Anthony         Francisco         477-1810           Board member         Anthony         Francisco         477-1810           Board member         Anthony         Pritt         367-2580		47-1370 47-1370 47-1370 47-1370 47-1370 47-1370 47-1370	202 4835 659-0642 706-6747 570-3910 501-0701 361-9811 808-2756 830-8015	Fowler Holding Co, 2721 36th Ave. NW Norman 73071 4406 Sherburne Rd., Norman 73072 OPUBCO 9000 Broadway Ext., OKC 73114-3799 626 Tulsa St., Norman, OK 73071 1804 Quail Creek Dr. 73026 2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73059 3916 Harrogate Drive, Norman 73072
IrFinance Comm. Chair Sasha         Clements         369-4649           President Elect Joe         Hopper         274-272           Vice-President Anne         Harris         379-6730           Grant Officer Kathryn         Sweeney         574-350           Secretary Mary         Sallee         4474-370           Roundtable Chair Lisa         Angelotu         375-5722           CINCVB Representative Sherry         Bornardmer         360-56-572           Board member Kate         Butller         305-5772           Board member Anthony         Francisco         477-3610           Board member Anthony         Francisco         477-3610           Phitt         367-575           Board member Chinstian         Pritt         367-575		47-3718 447-1370 447-1370 366-2788 405-292-6442	659-0642 706-6747 570-3910 501-0701 361-9811 808-2756 830-8015	4406 Sherburne Rd., Norman 73072 OPUBCO 9000 Broadway Ext., OKC 73114-3799 626 Tulsa St., Norman, OK 73071 1804 Quail Creek Dr. 73026 2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Drive, Norman 73072
President Elect Joe         Hopper         227.82/27.27           Vice-President Anne         Harris         727.87/30/27           Grant Officer         Kathryn         Sweeney         57.83/30/27           Secretary         Mary         Sallee         447.41/37/07           Roundtable Chair Lisa         Angelotti         22.85/37/27/27           CINCVB Representative Sherry         Bonardmen         329-51/27/27           Board member         Kate         Buller         405/37/26/88/27           Board member         Anthony         Francisco         477-73/27/27           Board member         Anthony         Francisco         477-73/27/27           Phtt         Board member         Anthony         Phtt		475-3718 447-1370 447-1370 366-2788 405-292-6442	706-6747 570-3910 501-0701 361-9811 808-2756 830-8015	OPUBCO 9000 Broadway Ext., OKC 73114-3799 626 Tulsa St., Norman, OK 73071 1804 Quail Creek Dr. 73026 2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73059 3916 Harrogate Drive, Norman 73072
Vice-President Anne         Harris         329,8739           Grant Officer Kathryn         Sweeney         573,9565           Secretary Mary         Sallee         447,1370           Roundtable Char Lisa         Angelott         255,557           CNCVB Representative Sherry         Brown         325,557           Board member Kate         Brown         325,517,027           Board member Rate         Brown         325,517,027           Board member Anthony         Francisco         427,730,002           Board member Anthony         Francisco         427,730,002           Board member Chinstian         Pritt         Anthony		47-1370 47-1370 47-1370 48-2788 405-292-642	570-3910 501-0701 361-9811 808-2756 830-8015	626 Tulsa St., Norman, OK 73071 1804 Quail Creek Dr. 73026 2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73059 3916 Harrogate Drive, Norman 73072
Grant Officer         Kathryn         Sweeney         573/9568/37           Secretary         Mary         Sallee         447/43/70/37           Roundtable Chair Lisa         Angelotti         255/5/27/37           CNCVB Representative         Sherry         Brown         355/5/27/37           Board member         Kate         Clinton         325/5/27/37           Board member         Anthony         Francisco         427/27/37/37           Board member         Anthony         Francisco         427/27/37/37           Board member         Anthony         Francisco         427/27/37/37           Board member         Chinstan         Pritt         367/27/37/37		447-1370 447-1370 47-1370 447-1370 447-1370 4405-292-6442	361-9811 361-9811 808-2756 830-8015	1804 Quail Creek Dr. 73026  2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Drive, Norman 73072
Secretary Mary         Sallee         447433700000000000000000000000000000000		(447-1370 (25) (447-1370 (25) (447-1370 (405-2788 (405-292-6442	361-9811 808-2756 830-8015	2721 Tropicana Ave. Norman 73071 1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Drive, Norman 73072
Angelott 328555723575 n Bomgardner 3867255575757 Brown 329557575757 Brown 329557575757 Butler 32957575757 Clinton 329575776705757 An Francisco 4275776705757 an Pritt 3256975757		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	808-2756 830-8015	1600 S. Jenkins, Norman 73072 1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Dirve, Norman 73072
CANCVB Representative Sherry Brown 225-51772-758  Board member Kate Butler 255-51772-758  Board member Anthony Francisco 527-7580-758  Board member Anthony Francisco 527-7580-758  Board member Christian Pritt Statistics 527-7580-758-758  Board member Christian Pritt Statistics 527-7580-758-758  Board member Christian Pritt Statistics 527-7580-758-758-758-758-758-758-758-758-758-758	<b>数数数数</b>	366-2788 405-392-6442	808-2756 830-8015	1805 Yorktown Circle, Norman 73071 Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Dive, Norman 73072
Brown 329-51/22-5-55     Butler 405-59-51/22-5-55     Clinton 329-59-55     Clinton 329-59-55     Clinton 477-59     Francisco 477-59     Francisco 747-59     Francisco 747-59		366-2788	830-8015	Republic Bank, 401 W Main, Norman 73069 3916 Harrogate Dnve, Norman 73072
Butler   406.327.6888.88     V		S. W. 1405-292-6442		3916 Harrogate Drive, Norman 73072
y         Clinton         3293548858           ony         Francisco         327256088           itlan         Prit         5422580088           itlan         Spritting	300	The second secon		
Francisco   A227361000000000000000000000000000000000000	1	<b>38</b> 650-3862		811 S Ponca Ave Norman 73071
tian Pitt State State	¥	550-8545		P O Box 370, Norman 73070
	547,2680			PO Box 344, Norman OK 73069
Board member Rich   Taylor   325/2/3/00時期間   325/2/3/3/00時期間   325/2/3/2/00時期間   325/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	325/3706/44 (4.19)	<b>建筑和第</b> 325-1667		540 Parnngton Oval, Room 122, Norman OK 73019
Board member Stephanie Royse Stephanie	\$55 \$55		615-5879	Marketing Director, Sooner Theatre, 101 E. Main St. Norman, 73069
Board member Melissa Scaramucci A4478202 and Base Scaramucci Scara	447.8232 mm	<b>新記</b> 第 627 7595		4401 Cannon Dr Norman 73072
Board member Sandy Tedder Tedder 32 CLUBER 38 SS 36 SS 38 SS	32 (1086) 380 380 3883	8.00-4951	410-5015	4707 Willow Grove Dnve, Norman, 73072
PAB Representative Larry Walker 3547,898 33 15947626 3547			227-6164	731 B Asp Norman 73069
Williams Carrier Carri				Oklahoma Service Corp PO Box 1087, Norman, 73070
Board member Patti Femandez 服態技術主義經過機能影響				
n   Newhouse-Velle     (金額及電影等数据) 36英名525数基系基础	は一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一	<b>数系系统</b> 364 2587		210 E Main Street, Ste 222, Norman 73069