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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 VAN CLIBURN FOUNDATION INC  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 2525 RIDGMAR BLVD No 307  
 City or town, state or country, and ZIP + 4  
 FORT WORTH, TX 76116

**D** Employer identification number  
 75-1098332  
**E** Telephone number  
 (817) 738-6536  
**G** Gross receipts \$ 4,924,509

**F** Name and address of principal officer  
 ALANN B SAMPSON  
 2525 RIDGMAR BLVD No 307  
 FORT WORTH, TX 76116

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**J** Website: WWW CLIBURN ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1970 **M** State of legal domicile TX

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE VAN CLIBURN FOUNDATION, INC WAS ORGANIZED TO PRESENT AND STAGE PIANO COMPETITIONS, TO PRESENT AND STAGE PUBLIC MUSICAL CONCERTS, TO FURTHER PIANO AND MUSICAL EDUCATION AND DEVELOPMENT, AND TO GENERALLY INCREASE AND BROADEN OPPORTUNITIES FOR CITIZENS OF ALL NATIONS TO OBSERVE, ENJOY, ATTEND AND PARTICIPATE IN EDUCATIONAL AND CULTURAL EVENTS OF A MUSICAL NATURE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	166
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	165
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	20
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	500
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	27,748
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	434	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,038,990	1,596,549
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,702,320	314,901
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-83,050	233,787
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,671	3,312
		3,754,931	2,148,549
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,343,672	1,307,490
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 304,623		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,398,942	1,305,204
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,742,614	2,612,694	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-987,683	-464,145	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	8,775,624	8,205,378
	<b>21</b> Total liabilities (Part X, line 26)	1,180,409	133,676
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	7,595,215	8,071,702	

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\* | 2011-03-16  
 Signature of officer | Date

KARLA CROSS DIRECTOR OF FINANCE  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature | Date | Check if self-employed  | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | Sproles Woodard LLP  
 777 Main Street Suite 3250  
 Fort Worth, TX 761025304 | EIN | Phone no (817) 332-1328

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

THE VAN CLIBURN FOUNDATION, INC WAS ORGANIZED TO PRESENT AND STAGE PIANO COMPETITIONS, TO PRESENT AND STAGE PUBLIC MUSICAL CONCERTS, TO FURTHER PIANO AND MUSICAL EDUCATION AND DEVELOPMENT, AND TO GENERALLY INCREASE AND BROADEN OPPORTUNITIES FOR CITIZENS OF ALL NATIONS TO OBSERVE, ENJOY, ATTEND AND PARTICIPATE IN EDUCATIONAL AND CULTURAL EVENTS OF A MUSICAL NATURE

**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 \$ 843,763 including grants of \$ ) (Revenue \$ 5,640 )

THE VAN CLIBURN FOUNDATION FOSTERS THE APPRECIATION OF CLASSICAL AND OTHER FORMS OF MUSIC THROUGH THE PRESENTATION OF AN INTERNATIONAL COMPETITION EVERY FOUR YEARS AND AN AMATEUR COMPETITION EVERY TWO YEARS

**4b** (Code ) (Expenses \$ 586,118 including grants of \$ ) (Revenue \$ 228,629 )

THE VAN CLIBURN FOUNDATION FOSTERS THE APPRECIATION OF CLASSICAL, AND OTHER FORMS OF MUSIC THROUGH THE PRESENTATION OF A CONCERT SERIES EACH YEAR

**4c** (Code ) (Expenses \$ 210,237 including grants of \$ ) (Revenue \$ 51,250 )

THE VAN CLIBURN FOUNDATION PROMOTES THE CAREERS OF ASPIRING MUSICIANS THROUGH THE MANAGEMENT OF COMPETITION WINNERS' CAREERS

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses \$ 247,825 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 1,887,943

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> 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></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> 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></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 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></p>	<p><b>23</b></p>	<p>Yes</p>
<p><b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i></p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</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></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> 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></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> 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></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> 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)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28c</b></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> 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></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> 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></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> 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></p>	<p><b>34</b></p>	<p>Yes</p>
<p><b>35</b> 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></p>	<p><b>35</b></p>	<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>36</b></p>	<p>No</p>
<p><b>37</b> 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></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> 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 . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 162		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 20		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</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 . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> _____
<b>18</b>	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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. See Additional Data Table
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> KARLA CROSS 2525 RIDGMAR BLVD FORT WORTH, TX 76116 (817) 738-6536



<b>1b Total</b>	1,325,714	0	166,818
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 1

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PETER ROSEN PRODUCTIONS 9 EAST 78TH STREET NEW YORK, NY 10075	PERFORMANCE	180,880

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 1

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>				16,600	
	<b>c</b>	Fundraising events . . . . . <b>1c</b>				333,923	
	<b>d</b>	Related organizations . . . . . <b>1d</b>				347,342	
	<b>e</b>	Government grants (contributions) <b>1e</b>				14,500	
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>				884,184	
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>1,350</u>					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>		1,596,549			
<b>Program Service Revenue</b>	<b>2a</b>	TICKET SALES	900,099	228,629	228,629		
	<b>b</b>	MANAGEMENT FEES	900,099	51,250	51,250		
	<b>c</b>	PROGRAM ADVERTISING	541,800	30,382		30,382	
	<b>d</b>	ALLEGRO CIRCLE	900,099	4,640	4,640		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		314,901			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>		162,027	162,027		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b>	Royalties . . . . . <b>▶</b>		28,646		28,646	
	<b>6a</b>	Gross Rents	(i) Real				
			(ii) Personal				3,600
							5,640
							-2,040
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . <b>▶</b>		-2,040		-2,040	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,711,698			
			(ii) Other				
			2,639,938				
			71,760				
<b>b</b>	Less cost or other basis and sales expenses						
<b>c</b>	Gain or (loss)						
<b>d</b>	<b>Net gain or (loss)</b> . . . . . <b>▶</b>		71,760		71,760		
<b>8a</b>	Gross income from fundraising events (not including \$ <u>333,923</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					63,787	
<b>b</b>	Less direct expenses . . . . . <b>b</b>					122,315	
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>		-58,528			-58,528	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
			43,301				
			8,067				
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b>		35,234		-594	35,828	
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		2,148,549	446,546	27,748	77,706	

**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 VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	579,476	488,297	58,005	33,174
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	593,810	316,915	103,527	173,368
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,094	1,884	777	1,433
<b>9</b>	Other employee benefits . . . . .	60,195	35,804	9,594	14,797
<b>10</b>	Payroll taxes . . . . .	69,915	44,072	10,528	15,315
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	27,167		27,167	
<b>c</b>	Accounting . . . . .	44,656		44,656	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	41,100		41,100	
<b>g</b>	Other . . . . .	22,926	16,345	3,009	3,572
<b>12</b>	Advertising and promotion . . . . .	295,824	295,824		
<b>13</b>	Office expenses . . . . .	69,264	13,458	39,725	16,081
<b>14</b>	Information technology . . . . .	11,047		11,047	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	52,525	33,275	7,804	11,446
<b>17</b>	Travel . . . . .	26,931	11,694	14,275	962
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	12,685	12,685		
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	33,904	21,359	5,086	7,459
<b>23</b>	Insurance . . . . .	13,923		13,923	
<b>24</b>	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 )				
<b>a</b>	ARTIST FEES	228,581	228,581		
<b>b</b>	EMPLOYEE SEARCH FEES	117,023	99,470	11,702	5,851
<b>c</b>	CONCERT PRODUCTION EXPE	101,058	101,058		
<b>d</b>	COMMUNITY OUTREACH	79,650	79,650		
<b>e</b>	WINNERS TOURING EXPENSE	35,745	35,745		
<b>f</b>	All other expenses	91,195	51,827	18,203	21,165
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	2,612,694	1,887,943	420,128	304,623
<b>26</b>	<b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	649,670	<b>1</b>	1,333,707
	<b>2</b> Savings and temporary cash investments . . . . .	374,820	<b>2</b>	374,942
	<b>3</b> Pledges and grants receivable, net . . . . .	1,053,364	<b>3</b>	589,518
	<b>4</b> Accounts receivable, net . . . . .	295,715	<b>4</b>	78,401
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	44,838	<b>8</b>	56,255
	<b>9</b> Prepaid expenses and deferred charges . . . . .	18,894	<b>9</b>	33,076
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	500,052		
	<b>b</b> Less accumulated depreciation . . . . .	352,627	155,100	<b>10c</b> 147,425
	<b>11</b> Investments—publicly traded securities . . . . .	6,183,223	<b>11</b>	5,592,054
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,775,624	<b>16</b>	8,205,378	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,069,687	<b>17</b>	32,495
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	110,722	<b>19</b>	101,181
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,180,409	<b>26</b>	133,676
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	7,017,515	<b>27</b>	7,697,902
	<b>28</b> Temporarily restricted net assets . . . . .	577,700	<b>28</b>	373,800
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	7,595,215	<b>33</b>	8,071,702	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	8,775,624	<b>34</b>	8,205,378	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" 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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 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 . . . .	Yes	
<b>2d</b>	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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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? . . . . .		No
<b>3b</b>	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 . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VAN CLIBURN FOUNDATION INC

Employer identification number

75-1098332

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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 **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 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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 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

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,158,303	1,668,512	2,085,610	1,904,866	1,596,549	8,413,840
<b>2</b> 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	738,144	774,251	1,972,878	1,946,127	380,675	5,812,075
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,896,447	2,442,763	4,058,488	3,850,993	1,977,224	14,225,915
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	821,359	692,592	1,561,500	1,033,728	477,116	4,586,295
<b>b</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			188,796		80,349	269,145
<b>c</b> Add lines 7a and 7b	821,359	692,592	1,750,296	1,033,728	557,465	4,855,440
<b>8 Public Support</b> (Subtract line 7c from line 6 )						9,370,475

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,896,447	2,442,763	4,058,488	3,850,993	1,977,224	14,225,915
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	189,918	265,566	251,731	193,110	190,673	1,090,998
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,334			36,280	434	40,048
<b>c</b> Add lines 10a and 10b	193,252	265,566	251,731	229,390	191,107	1,131,046
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	2,089,699	2,708,329	4,310,219	4,080,383	2,168,331	15,356,961
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	61.020 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	58.840 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	7.370 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	6.250 %
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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**Part IV** **Supplemental Information.** 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

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization VAN CLIBURN FOUNDATION INC

Employer identification number 75-1098332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
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**Part III 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
		<b>GALA</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	397,710			397,710
	<b>2</b> Less Charitable contributions . . . . .	333,923			333,923
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	63,787			63,787
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	122,315			122,315
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				122,315
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				-58,528	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VAN CLIBURN FOUNDATION INC

Employer identification number

75-1098332

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE FOUNDATION BUDGETS CERTAIN EXPENSE ITEMS THAT THE EXECUTIVE DIRECTOR IS EXPECTED TO INCUR AS PART OF HIS DUTIES
	Part I, Line 4a	RICHARD RODZINSKI -- ORGANIZATION'S CONTRIBUTION TO SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2009 \$136,611 MR RODZINSKI'S 2009 FORM W-2, BOX 5, INCLUDED \$900,000 THAT WAS NOT INCLUDED IN HIS BOX 1 WAGES THIS IS THE VALUE OF THE SERP THAT VESTED IN CALENDAR YEAR 2009 MR RODZINSKI DID NOT RECEIVE ANY DISTRIBUTIONS FROM THE SERP IN 2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization VAN CLIBURN FOUNDATION INC

Employer identification number

75-1098332

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a (property holding), 31 (gift acceptance policy), 32a (third parties), 33 (revenue reporting).

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-1098332  
**Name:** VAN CLIBURN FOUNDATION INC

**efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493095008131**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
VAN CLIBURN FOUNDATION INC

**Employer identification number**  
75-1098332

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		HARRY BARTEL (DIRECTOR) & MRS HARRY BARTEL (DIRECTOR) - FAMILY RELATIONSHIP TIM CARTER (DIRECTOR) & NANCY CARTER (DIRECTOR) - FAMILY RELATIONSHIP HEYWOOD CLEMONS (DIRECTOR) & HARRIETT CLEMONS (DIRECTOR) - FAMILY RELATIONSHIP HEYWOOD CLEMONS (DIRECTOR) & LELAND CLEMONS (DIRECTOR) - FAMILY RELATIONSHIP ROBERT TURNER (DIRECTOR) & JENNIFER CORBETT (DIRECTOR) - FAMILY RELATIONSHIP KIM DARDEN (DIRECTOR) & LUCY DARDEN (DIRECTOR) - FAMILY RELATIONSHIP CHARLES FISCHER (DIRECTOR) & JILL FISCHER (DIRECTOR) - FAMILY RELATIONSHIP FULLER FRENCH (DIRECTOR) & MARCIA FRENCH (DIRECTOR) - FAMILY RELATIONSHIP GERALD GRINSTEIN (DIRECTOR) & CAROLYN GRINSTEIN (DIRECTOR) - FAMILY RELATIONSHIP RANDALL HUDSON (DIRECTOR) & ANN HUDSON (DIRECTOR) - FAMILY RELATIONSHIP NANCY HALLMAN (DIRECTOR) & ADELE HART (DIRECTOR) - SPOUSE BUSINESS RELATIONSHIP NANCY HALLMAN (DIRECTOR) & JANICE KELLY (DIRECTOR) - SPOUSE BUSINESS RELATIONSHIP ADELE HART (DIRECTOR) & JANICE KELLY (DIRECTOR) - SPOUSE BUSINESS RELATIONSHIP CRAIG KELLY (DIRECTOR) & DANA KELLY (DIRECTOR) - FAMILY RELATIONSHIP CRAIG KELLY (DIRECTOR) & JANICE KELLY (DIRECTOR) - FAMILY RELATIONSHIP DANA KELLY (DIRECTOR) & JANICE KELLY (DIRECTOR) - FAMILY RELATIONSHIP KIT MONCRIEF (DIRECTOR) & MARSLAND MONCRIEF (DIRECTOR) - FAMILY RELATIONSHIP JOHN ROACH (DIRECTOR) & JEAN ROACH (DIRECTOR) - FAMILY RELATIONSHIP RICE TILLEY JR (DIRECTOR) & SANDRA TILLEY (DIRECTOR) - FAMILY RELATIONSHIP SHIRLEY ANTON (DIRECTOR) & FRANCES ANTWELL (DIRECTOR) - FAMILY RELATIONSHIP JEAN KEMP (DIRECTOR) & CARLA THOMPSON (DIRECTOR) - FAMILY RELATIONSHIP TINA GORSKI (DIRECTOR) & MARSHA KLEINHEINZ (DIRECTOR) - FAMILY RELATIONSHIP JUDE RYAN (DIRECTOR) & TERRY RYAN (DIRECTOR) - FAMILY RELATIONSHIP CORNELIA BLAKE (DIRECTOR) & ANDREW BLAKE (DIRECTOR) - FAMILY RELATIONSHIP GAIL RAWL (DIRECTOR) & KIM DARDEN (DIRECTOR) - FAMILY RELATIONSHIP MARTHA HYDER (DIRECTOR) & WHITNEY MORE (DIRECTOR) - FAMILY RELATIONSHIP KATHRYN KING (DIRECTOR) & TERESA KING (DIRECTOR) - FAMILY RELATIONSHIP GEORGE ANN BAHAN (DIRECTOR) & NENETTA TATUM (DIRECTOR) - FAMILY RELATIONSHIP ANDY THOMPSON (DIRECTOR) & CARLA THOMPSON (DIRECTOR) - FAMILY RELATIONSHIP KAYE MCDERMOTT (DIRECTOR) & MARSLAND MONCRIEF (DIRECTOR) - FAMILY RELATIONSHIP SARAH RAY (DIRECTOR) & SHANNON RAY (DIRECTOR) - FAMILY RELATIONSHIP JILL FISCHER (DIRECTOR) & CHARLES K FISCHER, JR - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE A PUBLIC DISCLOSURE COPY IS THEN PROVIDED TO THE FULL BOARD PRIOR TO ITS FILING WITH THE IRS THE PUBLIC DISCLOSURE COPY CONTAINS ALL OF THE INFORMATION ON THE RETURN WITH THE EXCEPTION OF THE NAMES AND ADDRESSES OF THE MAJOR CONTRIBUTORS LISTED ON SCHEDULE B

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL BOARD MEMBERS ARE REQUIRED TO SIGN AND DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE PERSONNEL COMMITTEE REVIEW JOB PERFORMANCE AND CONSIDER COMPENSATION OF PERSONNEL IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDIT OF THE ORGANIZATION	THE VAN CLIBURN FOUNDATION AND THE VAN CLIBURN TRUST FUND (ITS SUPPORTING ORGANIZATION) ARE AUDITED AS A CONSOLIDATED ENTITY ANNUALLY

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE A, PART III, LINE 7B	CHANGE IN PRIOR YEAR AMOUNTS REPORTED	A REVIEW OF THE AMOUNTS REPORTED ON LINE 7B REVEALED THAT SOME OF THE AMOUNTS REPORTED ON THIS LINE IN PRIOR YEARS DID NOT QUALIFY AS EXCESS RECEIPTS BECAUSE THE AMOUNTS RECEIVED WERE NOT REPORTED ON LINES 2 OR 3 OF SCHEDULE A, PART III THESE AMOUNTS HAVE BEEN CORRECTED TO ACCURATELY REPORT THE AMOUNT OF EXCESS RECEIPTS IN THE TAX YEARS 2005 THROUGH 2008

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
VAN CLIBURN FOUNDATION INC

**Employer identification number**

75-1098332

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
VAN CLIBURN TRUST FUND 2525 RIDGMAR BLVD FORT WORTH, TX 76116 75-2231693	SUPPORT THE VAN CLIBURN FOUNDATION	TX	501(C)(3)	11	

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
<b>(1)</b> VAN CLIBURN TRUST FUND	C	472,187
<b>(2)</b> VAN CLIBURN TRUST FUND	M	0
<b>(3)</b> VAN CLIBURN TRUST FUND	N	0
<b>(4)</b> VAN CLIBURN TRUST FUND	R	0
<b>(5)</b>		
<b>(6)</b>		



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-1098332

**Name:** VAN CLIBURN FOUNDATION INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 247,825 including grants of \$ ) (Revenue \$ )

THE VAN CLIBURN FOUNDATION INC FOSTERS THE APPRECIATION OF CLASSICAL AND OTHER FORMS OF MUSIC THROUGH MUSIC EDUCATION OPPORTUNITIES AND PROGRAMS PROVIDED IN THE COMMUNITY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALANN SAMPSON CHAIRMAN/INTERIM PRESIDENT	40 00	X		X				29,998	0	5,628
CORNELIA BLAKE SECRETARY	2 00	X		X				0	0	0
CARLA THOMPSON TREASURER	2 00	X		X				0	0	0
ED AHNERT DIRECTOR	1 00	X						0	0	0
MARY FRANCES ANTWEIL DIRECTOR	1 00	X						0	0	0
MRS CHARLES ANTON DIRECTOR	1 00	X						0	0	0
MRS BERNARD APPEL DIRECTOR	1 00	X						0	0	0
MICHAEL APPLEMAN DIRECTOR	1 00	X						0	0	0
SUSANNE AVONDET DIRECTOR	1 00	X						0	0	0
GEORGE ANN BAHAN DIRECTOR	1 00	X						0	0	0
KAYDEE BAILEY DIRECTOR	1 00	X						0	0	0
KIM BALDI DIRECTOR	1 00	X						0	0	0
KENNETH BARR DIRECTOR	1 00	X						0	0	0
HARRY BARTEL DIRECTOR	1 00	X						0	0	0
MRS HARRY BARTEL DIRECTOR	1 00	X						0	0	0
MRS PERRY BASS DIRECTOR	1 00	X						0	0	0
MRS SID BASS DIRECTOR	1 00	X						0	0	0
WILLIAM BIGGS DIRECTOR	1 00	X						0	0	0
ANDREW BLAKE DIRECTOR	1 00	X						0	0	0
LOU ANN BLAYLOCK DIRECTOR	1 00	X						0	0	0
PEGGY BOOHER DIRECTOR	1 00	X						0	0	0
VICTOR BOSCHINI DIRECTOR	1 00	X						0	0	0
VERNON BRYANT DIRECTOR	1 00	X						0	0	0
DAVID BUCHER DIRECTOR	1 00	X						0	0	0
AMANDA BUSH DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUISE CANAFAX DIRECTOR	1 00	X						0	0	0
NANCY CARTER DIRECTOR	1 00	X						0	0	0
TIM CARTER DIRECTOR	1 00	X						0	0	0
SUE CHALK DIRECTOR	1 00	X						0	0	0
HARRIETT CLEMONS DIRECTOR	1 00	X						0	0	0
HEYWOOD CLEMONS DIRECTOR	1 00	X						0	0	0
LELAND CLEMONS DIRECTOR	1 00	X						0	0	0
VAN CLIBURN DIRECTOR	1 00	X						0	0	0
GARY COLE DIRECTOR	1 00	X						0	0	0
CARROLL COLLINS DIRECTOR	1 00	X						0	0	0
DENISE COLLINS DIRECTOR	1 00	X						0	0	0
MATTIE COMPTON DIRECTOR	1 00	X						0	0	0
GUNHILD CORBETT DIRECTOR	1 00	X						0	0	0
JENNIFER CORBETT DIRECTOR	1 00	X						0	0	0
WILL COURTNEY DIRECTOR	1 00	X						0	0	0
BARBARA COX DIRECTOR	1 00	X						0	0	0
ROSE ANN CRANZ DIRECTOR	1 00	X						0	0	0
KATHIE CUMMINS DIRECTOR	1 00	X						0	0	0
JUANA ROSA DANIELL DIRECTOR	1 00	X						0	0	0
KIM DARDEN DIRECTOR	1 00	X						0	0	0
LUCY DARDEN DIRECTOR	1 00	X						0	0	0
GREGORY DAVIS DIRECTOR	1 00	X						0	0	0
MITZI DAVIS DIRECTOR	1 00	X						0	0	0
MARGARET DEMOSS DIRECTOR	1 00	X						0	0	0
CRAIG DIEBEL DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL DUNAWAY DIRECTOR	1 00	X						0	0	0
MARY JEANNE DYESS DIRECTOR	1 00	X						0	0	0
JOSE FEGHALI DIRECTOR	1 00	X						0	0	0
CHARLES K FISCHER JR DIRECTOR	1 00	X						0	0	0
MRS CHARLES K FISHER DIRECTOR	1 00	X						0	0	0
JILL FISCHER DIRECTOR	1 00	X						0	0	0
JOHN FORESTNER DIRECTOR	1 00	X						0	0	0
FULLER FRENCH DIRECTOR	1 00	X						0	0	0
MARCIA FRENCH DIRECTOR	1 00	X						0	0	0
CORNELIA FRIEDMAN DIRECTOR	1 00	X						0	0	0
RICHARD GARVEY DIRECTOR	1 00	X						0	0	0
RANDALL GIDEON DIRECTOR	1 00	X						0	0	0
DIEGO GIORDANO DIRECTOR	1 00	X						0	0	0
JOHN GIORDANO DIRECTOR	1 00	X						0	0	0
RICHARD GIPSON DIRECTOR	1 00	X						0	0	0
FELICE GIROUARD DIRECTOR	1 00	X						0	0	0
LAILA GLEASON DIRECTOR	1 00	X						0	0	0
CAMI GOFF DIRECTOR	1 00	X						0	0	0
TINA GORSKI DIRECTOR	1 00	X						0	0	0
J D GRANGER DIRECTOR	1 00	X						0	0	0
SHELIA GRANT DIRECTOR	1 00	X						0	0	0
CAROLYN GRINSTEIN DIRECTOR	1 00	X						0	0	0
GERALD GRINSTEIN DIRECTOR	1 00	X						0	0	0
ELAINE GRIVER DIRECTOR	1 00	X						0	0	0
NANCY HALLMAN DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADELE HART DIRECTOR	1 00	X						0	0	0
MICHAEL HAWLEY DIRECTOR	1 00	X						0	0	0
ANNE HOLLAND DIRECTOR	1 00	X						0	0	0
MELISSA HOLLMANN DIRECTOR	1 00	X						0	0	0
JOHN HOTARD DIRECTOR	1 00	X						0	0	0
ANN HOUSE DIRECTOR	1 00	X						0	0	0
RANDALL HUDSON DIRECTOR	1 00	X						0	0	0
ANN HUDSON DIRECTOR	1 00	X						0	0	0
ISABELLE HULSEY DIRECTOR	1 00	X						0	0	0
MARTHA HYDER DIRECTOR	1 00	X						0	0	0
ROBERT JAMESON DIRECTOR	1 00	X						0	0	0
LOREN JENSEN DIRECTOR	1 00	X						0	0	0
CRAIG KELLY DIRECTOR	1 00	X						0	0	0
DANA KELLY DIRECTOR	1 00	X						0	0	0
JANICE KELLY DIRECTOR	1 00	X						0	0	0
RAYMOND KELLY DIRECTOR	1 00	X						0	0	0
JEAN KEMP DIRECTOR	1 00	X						0	0	0
JEFF KING DIRECTOR	1 00	X						0	0	0
KATHRYN KING DIRECTOR	1 00	X						0	0	0
TERESA KING DIRECTOR	1 00	X						0	0	0
MARSHA KLEINHEINZ DIRECTOR	1 00	X						0	0	0
AMY KORENVAES DIRECTOR	1 00	X						0	0	0
LEWIS KORNFELD DIRECTOR	1 00	X						0	0	0
WILLIAM LANDRETH DIRECTOR	1 00	X						0	0	0
MOLLIE LASATER DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN LAUGHLIN DIRECTOR	1 00	X						0	0	0
EDDIE LESOK DIRECTOR	1 00	X						0	0	0
GAYLORD LUMMIS DIRECTOR	1 00	X						0	0	0
NORMAN LYONS DIRECTOR	1 00	X						0	0	0
DARLENE MANN DIRECTOR	1 00	X						0	0	0
LOUELLA MARTIN DIRECTOR	1 00	X						0	0	0
PRISCILLA MARTIN DIRECTOR	1 00	X						0	0	0
SHARON MARTIN DIRECTOR	1 00	X						0	0	0
FLORENCE MARZOTTO DIRECTOR	1 00	X						0	0	0
TED MAYO DIRECTOR	1 00	X						0	0	0
DAVID MCDAVID DIRECTOR	1 00	X						0	0	0
KAYE MCDERMOTT DIRECTOR	1 00	X						0	0	0
TIMOTHY MCKINNEY DIRECTOR	1 00	X						0	0	0
BETTY CLAIRE MCKNIGHT DIRECTOR	1 00	X						0	0	0
KIT MONCRIEF DIRECTOR	1 00	X						0	0	0
JOSEPH MINTON JR DIRECTOR	1 00	X						0	0	0
SCOTT MITCHELL DIRECTOR	1 00	X						0	0	0
MARSLAND MONCRIEF DIRECTOR	1 00	X						0	0	0
WHITNEY MORE DIRECTOR	1 00	X						0	0	0
DENISE MULLINS DIRECTOR	1 00	X						0	0	0
EMMETT MURPHY DIRECTOR	1 00	X						0	0	0
DANA PORTER DIRECTOR	1 00	X						0	0	0
GAIL RAWL DIRECTOR	1 00	X						0	0	0
SARAH RAY DIRECTOR	1 00	X						0	0	0
SHANNON RAY DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH RIVERS DIRECTOR	1 00	X						0	0	0
JEAN ROACH DIRECTOR	1 00	X						0	0	0
JOHN ROACH DIRECTOR	1 00	X						0	0	0
LISA ROSE DIRECTOR	1 00	X						0	0	0
ROSALYN ROSENTHAL DIRECTOR	1 00	X						0	0	0
ANN RYAN DIRECTOR	1 00	X						0	0	0
JUDE RYAN DIRECTOR	1 00	X						0	0	0
TERRY RYAN DIRECTOR	1 00	X						0	0	0
ROBERT SELL DIRECTOR	1 00	X						0	0	0
CHARLES SIMMONS DIRECTOR	1 00	X						0	0	0
BLAINE SMITH DIRECTOR	1 00	X						0	0	0
THOMAS SMITH DIRECTOR	1 00	X						0	0	0
VIRGINIA SMITH DIRECTOR	1 00	X						0	0	0
JAMES SPANILOLO DIRECTOR	1 00	X						0	0	0
DAWN SRIMAVIN DIRECTOR	1 00	X						0	0	0
SARA STERLING DIRECTOR	1 00	X						0	0	0
KATHLEEN STEVENS DIRECTOR	1 00	X						0	0	0
SCOTT SULLIVAN DIRECTOR	1 00	X						0	0	0
NENETTA TATUM DIRECTOR	1 00	X						0	0	0
ANNA BELLE THOMAS DIRECTOR	1 00	X						0	0	0
ANDY THOMPSON DIRECTOR	1 00	X						0	0	0
BILL THORNTON DIRECTOR	1 00	X						0	0	0
RICE TILLEY JR DIRECTOR	1 00	X						0	0	0
SUSAN TILLEY DIRECTOR	1 00	X						0	0	0
WILLIAM TUCKER DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT TURNER DIRECTOR	1 00	X						0	0	0
WES TURNER DIRECTOR	1 00	X						0	0	0
VAUGHN VENNERBERG DIRECTOR	1 00	X						0	0	0
WILLIAM VINCENT DIRECTOR	1 00	X						0	0	0
ANNA JEAN WALSH DIRECTOR	1 00	X						0	0	0
MARIETTA WATSON DIRECTOR	1 00	X						0	0	0
RINDA WENTWORTH DIRECTOR	1 00	X						0	0	0
DONNA WHITWORTH DIRECTOR	1 00	X						0	0	0
JEFF WILDIN DIRECTOR	1 00	X						0	0	0
MARTHA WILLIAMS DIRECTOR	1 00	X						0	0	0
SUZANNE WILLIAMS DIRECTOR	1 00	X						0	0	0
PAT WILLIAMSON DIRECTOR	1 00	X						0	0	0
VIRGINIA WINKER DIRECTOR	1 00	X						0	0	0
ECHO WILSON DIRECTOR	1 00	X						0	0	0
HEIDE WOLF DIRECTOR	1 00	X						0	0	0
STAN WOODWARD DIRECTOR	1 00	X						0	0	0
ELAINE YAMAGATA DIRECTOR	1 00	X						0	0	0
RICHARD RODZINSKI FORMER PRESIDENT	40 00			X				1,206,779	0	151,312
MARCIA GAROON FORMER DIRECTOR OF FINANCE	40 00			X				88,937	0	9,878
KARLA CROSS DIRECTOR OF FINANCE	40 00			X				0	0	0

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
ARTIST FEES	228,581	228,581		
EMPLOYEE SEARCH FEES	117,023	99,470	11,702	5,851
CONCERT PRODUCTION EXPE	101,058	101,058		
COMMUNITY OUTREACH	79,650	79,650		
WINNERS TOURING EXPENSE	35,745	35,745		