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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 8/1/2009, and ending 7/31/2010											
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization EMERGE GALLERY ART CENTER</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>404 S. EVANS ST</td> <td></td> </tr> <tr> <td>City, town, or country</td> <td>State ZIP + 4</td> </tr> <tr> <td>GREENVILLE</td> <td>NC 27858</td> </tr> </table>	C Name of organization EMERGE GALLERY ART CENTER		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	404 S. EVANS ST		City, town, or country	State ZIP + 4	GREENVILLE	NC 27858
C Name of organization EMERGE GALLERY ART CENTER											
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite										
404 S. EVANS ST											
City, town, or country	State ZIP + 4										
GREENVILLE	NC 27858										
D Employer identification number 14-1851844											
E Telephone number (252) 551-6947											
F Group Exemption Number											

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

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ►

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

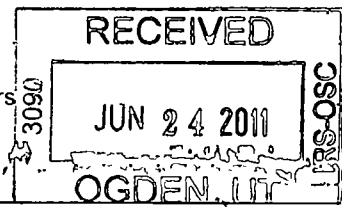
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 280,275

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	144,221
	2 Program service revenue including government fees and contracts	2	91,288
	3 Membership dues and assessments	3	
	4 Investment income	4	7,278
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22,600
b Less direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	22,600	
7a Gross sales of inventory, less returns and allowances	7a	14,888	
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,888	
8 Other revenue (describe ► _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	280,275	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	308,878
	17 Total expenses. Add lines 10 through 16	17	308,878
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,603
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	63,643
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,040

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,592	22 10,554
23 Land and buildings	28,199	23 25,568
24 Other assets (describe ► See Attached Statement)	16,939	24 5,328
25 Total assets	66,730	25 41,450
26 Total liabilities (describe ► See Attached Statement)	3,087	26 6,410
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,643	27 35,040

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

(HTA)

Form **990-EZ** (2009)

61,86

SCANNED JUL 07 2011

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	0	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
40e		
41 List the states with which a copy of this return is filed ▶ NONE REQUIRED		
42 a The organization's books are in care of ▶ HOLLY GARRIOTT Telephone no ▶ (252) 551-6947 Located at ▶ 404 S EVANS ST City GREENVILLE ST NC ZIP + 4 ▶ 27858		
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)? 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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

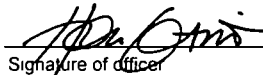
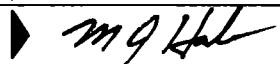
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 06/15/11	
Paid Preparer's Use Only	 Preparer's signature		Date 6/10/2011	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 JEFF HALE, CPA, P A PO BOX 1298, KINSTON, NC 28503		Preparer's identifying number (See instructions) 244-92-6401	EIN 56-1529965
			Phone no (252) 523-9061	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

EMERGE GALLERY ART CENTER

Employer identification number

14-1851844

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 described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(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	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,985	49,573	120,929	147,061	144,221	547,769
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,944	72,720	127,739	113,349	128,776	462,528
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	105,929	122,293	248,668	260,410	272,997	1,010,297
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						1,010,297

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	105,929	122,293	248,668	260,410	272,997	1,010,297
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39	56	44	4,723	7,278	12,140
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	39	56	44	4,723	7,278	12,140
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	105,968	122,349	248,712	265,133	280,275	1,022,437

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.81%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.38%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.19%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.62%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

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

Part I, Line 16 (990-EZ) - Other Expenses

308,878

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	See attached statement	13	308,878
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

EMERGE GALLERY ART CENTER
SCHEDULE OF FUNCTIONAL EXPENSES
Year Ended July 31, 2010 and 2009

	Program Services	Fund Raising	Management and General	2010 Total	2009 Total
Advertising	\$ 2,084			\$ 2,084	\$ 1,398
Bank Charges			\$ 522	522	318
Contracted Services	65,631		455	66,086	54,754
Depreciation	1,316	\$ 263	1,052	2,631	5,435
Dues and Subscriptions			1,159	1,159	742
Educational Supplies	10,727			10,727	14,928
Exhibit Expenses	4,467			4,467	4,916
Insurance			3,642	3,642	1,123
Supplies/Printing	5,392	1,807	698	7,897	8,211
Merchant Card Fees			2,528	2,528	2,777
Office Expense			1,062	1,062	1,394
Postage	3,366	352		3,718	4,454
Professional Fees			1,920	1,920	738
Rent	23,400		6,000	29,400	29,400
Repairs and Maintenance			1,015	1,015	2,215
Salaries	36,000		37,030	73,030	65,000
Taxes and Licenses	6,312		2,353	8,665	5,012
Telephone			3,735	3,735	4,179
Utilities	13,019		3,681	16,700	12,580
Travel			397	397	347
Prizes/Awards	8,575			8,575	6,825
Grant Expenditures	54,127			54,127	59,003
Employee Benefits			4,791	4,791	3,888
Breakage/Loss				0	265
Total Expenses	\$ 234,416	\$ 2,422	\$ 72,040	\$ 308,878	\$ 289,902

See accountant's report

Part II, Line 24 (990-EZ) - Other Assets

16,939 5,328

Description		Beginning	End
1	ACCOUNTS RECEIVABLE	1,318	
2	SALES TAX REFUND DUE	3,906	4,851
3	PREPAID EXP	600	477
4	INVESTMENTS	11,115	
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		3,087	6,410
Description		Beginning	End
1	ACCTS PAYABLE/ACCRUED EXP	2,587	6,410
2	DEPOSIT	500	
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	59,322
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	84,899
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	144,221

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	51
2	Dividends and interest from securities	2	1,806
3	Gross rents	3	5,421
4	Other investment income	4	
5	Total	5	7,278

PITT COUNTY ARTS COUNCIL AT EMERGE
BOARD OF DIRECTORS
2010

First	Last	Street	Phone	E-mail	Term	Type
Sandra	Anderson	308 Mary Beth Dr	864-8813	swanderson@greenvillenc.gov	12/31/12	City
Julia	Atkins	967 Van Gert Dr Winterville, NC 28590	919-724-9628	jcatkins04@yahoo.com	12/31/10	
Jane	Austen Behan	622 S. Elm St	830-4267 258-2883	jbehan@pitt.k12.nc.us	12/31/10	Education
Nancy	Ballard	605 E. 5th St	757-0775	ballardn@ecu.edu	12/31/10	ECU
Andy	Bates	204 Castle Way Winterville, NC 28590	413-6988 258-4593	batesa@ecu.edu	12/31/12	ECU / Artist
Tracy	Burton	405 Mary Beth Dr	329-0962 412-9209	tracy@burtonfamilydental.com tracyburton@hotmail.com	12/31/11	Business
Peggy	Christopher	103 Wesley Rd	317-2821 916-6937	peggychristopher@thelittlebank.com	12/31/11	Banking
Marty (Treasurer)	Hackney	414 Blue Heron Dr Blount's Creek, 27814	737-1345 717-6859	hackneym@ecu.edu	12/31/11	ECU
Dr. Johnie	Hamilton	2519-B Bluff View Dr	902-7959	jhamilton@pcmh.com	12/31/10	PCMH
Ann	Holland	212 Longmeadow Rd	902-7376	annholland@aol.com	12/31/12	ECU
Kelley (Secretary)	Kirk	2602-B E Third St.	329-9596 327-9596	kkirk@reflector.com kellykirk09@gmail.com	12/31/10	MEDIA
Dr. Jun Qing	Lu	ECU Howell Science Complex, N102	328-1856	luj@ecu.edu	12/31/12	ECU
Maritza G.	Rodriguez	1400-A Victorious Pl	919-288-4160	mantza4bronx@yahoo.com	12/31/12	Business
Hope	Smelcer	2404 S Evans St	414-1515 527-8000	hopetreynt@yahoo.com	12/31/11	Attorney
Dr. Alan (President)	White	3713 Cantata Dr	328-6249	whiteal@ecu.edu	12/31/10	ECU
Harvey (Vice-President)	Wooten	3048 Dartmouth Dr	756-6226	hswooten@suddenlink.net	12/31/11	Community
Holly	Garriott	2415 Umstead Ave	551-6947 341-0050	holly@pittcountyyarts.org	Executive Director	