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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For	the 2009 calen	dar year,	or tax year beginning	9/01	, 2009	9, and endin	g 8/			, 2010	
В	Checi	k if applicable		С					D Employ	er Identi	fication Number	
	\square	Address change	Please use IRS label	ARTESIA ARTS C	COUNCIL INC				51-	01404	418	
	П	Name change	or print or type	P.O. BOX 782					E Telepho	ne numb	er	
	П	nitial return	See specific	ARTESIA, NM 88	3211							
	\vdash	Termination	Instruc- tions.								···	
	\vdash	Amended return	uons.								274	152
	H		E Name	And address of principal officer				H(a) Is this	G Gross re a group retur			<u>, 453.</u>
	□'	Application pending	1						affiliates incl		⊨ ≓ '*"	=
_				As C Above					attach a list		ructions) Yes	∐ No
<u> </u>		x-exempt statu		(c) (3) (Inser	t no) 494	7(a)(1) or	527					
ᇐᆚ	W	ebsite: ► N/						H(c) Group	exemption nu	mber P		
K P	For	m of organization	Corpor	ation Trust Assoc	tation Other	<u> L</u>	Year of Format	ion	M s	tate of le	gal domicile	
<u>∞ P</u>	<u>art l</u>	Summ		<u> </u>								
≥2) ≥3)	1	-		ganızatıon's mıssıon or								<u></u>
- 0		ARTS COU	<u>INCIL I</u>	N THE FULFILLM	<u>ENT OF THEI</u>	<u>r exemp</u>	<u>T_PURPOS</u>	E INCI	<u> UDING</u>	<u>DRAM</u>	I <u>A, MUSIC</u>	
₹				RITERS GUILD/ST	ORY TELLING	LEAGUE,	_ FINE A	RT_P	IOTO SE	QW	ART_IN	
SCANNED JUN Activities & Governance	1			ETS_&_OTHER								
۾ ڇ	2			if the organization disc			posed of mo	re than 2	5% of its	assets		
	3		-	nbers of the governing l	•	•				3		13
≨ s	4			nt voting members of the	ie governing body	(Part VI, lin	ne 1b)			4		0
₹\$	5			yees (Part V, line 2a)						5		0
Ę Ę	6			eers (estimate if neces		·0\				6		0
W.	1	•		ousiness revenue from		• • •				7a		0.
	- '	Net unrelated	business	taxable income from f	orm 990-1, line 3	4				7b		
	1							Р	rior Year		Current Y	
ō	8			its (Part VIII, line 1h)				<u> </u>	463,5			<u>, 397.</u>
Revenue	9			ue (Part VIII, line 2g)				ļ	138,5			,556.
ě	10			art VIII, column (A), line					-13,8			-165.
ш.	11			III, column (A), lines 5,					6,0			<u>,069.</u>
_	12			nes 8 through 11 (must			line 12)		<u>594,2</u>	57.	272	<u>,857.</u>
	13	Grants and s	imilar an	ounts lealer (Part IX, col	lumn (A), lines 1-3	3)		<u> </u>				
	14			members (Part X, colu								
ø	15	Salaries, oth	er compe	nsatio n (em ployee bene	efits (Part IX, colui	mn (A), line	es 5-10)		56,1	88.	50	<u>,526.</u>
Expenses	16	a Professional	fundraisir	ig fées (Part IX) columi	n (A), line 11e)							
bel.	1 1	ιασι b Total fundrau	sing_expe	nses (Part IX) column ((D) line 25) ►					_		
ñ	17	Other expens		X column (A), lines 11	12 11d 11f 24f)			<u> </u>	437,7	24	326	,595.
	,			nes 13-17 (must equal		1) line 2E)		<u> </u>	493,9			,121.
	18	. —			•	4), line 25)		——				, 121. , 264.
	19	Revenue less	s expense	s Subtract line 18 from	1 line 12			 	100,3	45.		
Net Assets or Fund Balancos	ł								ning of Y		End of Ye	
Sala Dala	20	Total assets	• •	•				<u> </u>	5,575,6		5,471	/
A P	21	Total liabilitie	es (Part X	, line 26)				<u> </u>		0.		0.
	22			ances Subtract line 21	from line 20			5	<u>5,575,6</u>	<u>53. </u>	5,471	<u>,389.</u>
Pa	art II	Signat	ure Bloc	:k								
		Under penaltic	of perjury,	I declare that I have examined Declaration of preparer (other	I this return, including ac	companying sch	hedules and stat	ements, and	to the best o	my kno	wledge and belief,	ıt ıs
		true, correct, a	and complete	Declaration of preparer (other	r unan omicer) is based of	n all information	n or which prepa	rer nas any	knowledge	ſ		
	gn	1 X X	1 aw	d D ml	W.			_ X	_512	3	2011	
He	ere	Signature	of officer					Da	ite	7		
		 > 1)	IVA	D BONE	tu - 11	ZEASU	IRER					
		Type of p	rint name an	title								
_							Date	CI	heck if	Pre	eparer's identifying e instructions)	number
Pa	id	D		Mich			, ,		nployed	\Box	c manachons,	
Pr	e-	Preparer's signature	▶ ЈОН	nathan k shumai	N _		5/19/11	,		¬п,	/A	
	rer's	Firm's name (7 - 1-	nathan L. Shuma								
Üs		yours if self-	► 512					—— EI	ın ► N	/A		
Ur	ıly	employed), address, and ZIP + 4		esia, NM 88210							748-1213	₹
MAG	v the			with the preparer show	n above? (see iss	tructions)			INTIC III	13/3	X Yes	No
				rwork Reduction Act N			ctions		TEEA0113L	12/20"		0 (2009)
DH	~ r(A FIIVALY ACL	unu rape	, MOIN NEGULLION ALL N	ouce, see the sep	41 615 1113 li U	CHUII3.		ILCAUII3L	14/29/	روز اللكان و	U (2007)

Form 990 (2009) ARTESIA ARTS COUNCIL INC	51-0140418	Page 2
Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission PROGRAMS SPONSORED BY THE ARTESIA ARTS COUNCIL IN THE FUIL PURPOSE INCLUDING DRAMA, MUSIC ACTIVITIES, WRITERS GUILD ART, PHOTO SHOW, ART IN EDUCATION, CRAFTS & OTHER.		
2 Did the organization undertake any significant program services during the year which were Form 990 or 990-EZ?	e not listed on the prior Yes X	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 If 'Yes,' describe these changes on Schedule O 	y program services? $\qquad \qquad \qquad \boxed{\qquad }$ Yes \boxed{X}	No
4 Describe the exempt purpose achievements for each of the organization's three largest pro and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun expenses, and revenue, if any, for each program service reported	gram services by expenses Section 501(c) tof grants and allocations to others, the tot	(3) al
4a (Code) (Expenses \$377,121. including grants of \$PROGRAMS SPONSORED BY THE ARTESIA ARTS COUNCIL IN THE FURPOSE INCLUDING DRAMA, MUSIC ACTIVITIES, WRITERS GUILD, ART, PHOTO SHOW, ART IN EDUCATION, CRAFTS & OTHER.	LFILLMENT OF THEIR EXEMPT	
4b (Code) (Expenses \$) (Revenue \$	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
	(Revenue \$	
4e Total program service expenses ► 377, 121.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 X environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part Vi Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete 12 Х Schedule D, Parts XI, XII, and XIII No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes Х 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 X column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part L Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X

complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

20

X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 34 line 1 Is any related organization a controlled entity within the meaning of section $512(b)(13)^2$ If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х

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Form **990** (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

	$\neg \neg$		
1a Enter the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U.S.	\dashv	Yes	No
Information Returns Enter -0- if not applicable			ı
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		ľ	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
63 Does the organization have applied gross receipts that are normally greater than \$100,000, and did the organization			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services -			
provided to the payor?	7a		_X_
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	-		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	<u>-</u> -		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter		ì	
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b			,
	1	1	
11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11a		1	
b Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against)			
amounts due or received from them)			
	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009)

Governing Body and Management

Yes No

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

1 a	Enter the number of voting members of the governing body	1 a	13							
ŀ	Enter the number of voting members that are independent	1 b		- 1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elation	ship with any other							
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under i	the direct supervision	3		Х				
	Did the organization make any significant changes to its organizational documents	OII'		4		X				
•	since the prior Form 990 was filed?		j	-		- '- -				
5	Did the organization become aware during the year of a material diversion of the organization	n's as	sets?	5		Х				
	Does the organization have members or stockholders?		33.3	6		X				
	Does the organization have members, stockholders, or other persons who may elect one or	mora r	nembers of the	Ť						
, .	governing body?	more i	nembers of the	7a		X				
ŧ	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther pe	ersons?	7 b		X				
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaker	n during the year by							
ä	a The governing body?									
k	b Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot b	e reached at the	9		х				
Sec	tion B. Policies (This Section B requests information about policies not			<u> </u>						
Reve	nue Code)				 1					
			ſ	10-	Yes	No X				
	Does the organization have local chapters, branches, or affiliates?			10 a	-1					
ŀ	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such	chapters, affiliates,	10 b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the form?	11		<u>X</u> _				
11/	Describe in Schedule O the process, if any, used by the organization to review this Form 990) Se	ee Schedule O							
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		ļ	12a		<u>X</u> _				
ŧ	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that c	ould give rise	12b						
(Does the organization regularly and consistently monitor and enforce compliance with the positive of the second control of the positive of the second control of the second cont	olicy?	lf 'Yes,' describe in	12 c						
13	Does the organization have a written whistleblower policy?			13		X				
14	Does the organization have a written document retention and destruction policy?			14		_X				
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	appro cision	val by independent							
	The organization's CEO, Executive Director, or top management official			15 a]	Χ				
ŀ	Other officers of key employees of the organization			15 b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)									
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arran	gement with a taxable	16 a						
	of 'Yes,' has the organization adopted a written policy or procedure requiring the organization	n to ev	aluate its particination		\neg					
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	the o	rganization's exempt	16 b						
Sec	ection C. Disclosures									
17 List the states with which a copy of this Form 990 is required to be filed None										
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply										
	Own website Another's website Upon request									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public.	ments,	conflict of interest poli	су, аг	id fina	incial				
20	State the name, physical address, and telephone number of the person who possesses the DAVID BONEAU ARTESIA, NM 88210	oooks	and records of the orga	nızatı	on					
	DAVID BONDAG AKIBGIA, INI 00210									

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				5)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		hat app empl	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Ē			organization and related organizations
	,	stee	rustee		e	ensated				
SANDRA BORGES										
Secretary	0							0.	0.	0.
JOHNNY KNORR								1		
Director	0							0.	0.	0.
ANNA BYERS										
Director	0						L_	0.	0.	0.
OLYMPIA POSEY]									
Director	0						<u> </u>	0.	0.	0.
KATIE BRUNSON PARKER]									
Vice President	0						L_	0.	0.	0.
DAVID BONEAU										
TREASURER	0	L					<u> </u>	0.	0.	0.
ANN HOLLINGER										
President	0						L_	0.	0.	0.
HAYLEY KLEIN]]]		
Director	0							0.	0.	0.
BETTY SKINNER										
Director	0						<u> </u>	0.	0.	0.
CHERYL MARTIN				i						
Director	0							0.	0.	0.
ESTELLE YATES										
Director	0							0.	0.	0.
JESS BRIGGS										
Director	0							0.	0.	0.
LYNETTE THRONEBERRY]	1							ĺ	
Director	0							0.	0.	0.
									1	
			П							
						_				

Part VII Section A. Officers, Directors, Trus (A)	(B)	(ey	<u>L.II</u>		c)	C 3,	all	(D)	(E)	(F)
Name and Title	Average	Posi	tion (-	-	hat a	pply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other
									_	
					ļ	ļ 				
				ļ						
						_				
1 b Total							_	0.	0	
2 Total number of individuals (including but not limite from the organization ► 0	d to the	se li:	stec	l abo	ove)	wh	o re	ceived more than	\$100,000 in repoi	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, l	key	emp	oloy	ee,	or h	ighest compensat	ed employee	Yes No
 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater t 	portable	e con	npe	nsat	lion	and	doth	er compensation	from	3 X
individual 5 Did any person listed on line 1a receive or accrue of	ompens	ation	n fro	om a	anv	unre				4 X
rendered to the organization? If 'Yes,' complete Sci	hedule J	l for	suc	h pe	rso	<u>n</u>				5 X
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	itrac	ctors	tha	at received more t	han \$100,000 of	
(A) Name and business addres	s							(B Description () of Services	(C) Compensation
					_					
							_			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımıt	ted	to th	1056	list	ed a	above) who receiv	ed more than	·

-	rt VIII Statement of Revenue				, -·
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20	1a Federated campaigns 1a				
ANT	b Membership dues 1b 16,255.				
GR	c Fundraising events.				
TS,	t Turidialsing events.				1
F	d Related organizations				
Š,	e Government grants (contributions)				
5 8	f All other contributions gifts grants and	}	i		1
문문	f All other contributions, gifts, grants, and similar amounts not included above 1f 186, 142.				
E O	g Noncash contribns included in Ins 1a-1f \$				
N N	h Total Add lines 1a-1f	202 207	i		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	202,397.			
Ž.	Business Code				.
<u>=</u>	2a PROGRAM	60,556.			_ 60,556.
2	b				
Į.	c				
<u>£</u>	d				f
S	<u></u>	·			
Z.	·			 	
8	f All other program service revenue				
- 4	g Total. Add lines 2a-2f ▶	60,556.			
	3 Investment income (including dividends, interest and				
- 1	other similar amounts)	-16 <u>5</u> .			-165.
	4 Income from investment of tax-exempt bond proceeds				
- 1	5 Royalties				
	(i) Real (ii) Personal				,
	6a Gross Rents 4, 950.				
		ı	ì		1
	b Less rental expenses				
	c Rental income or (loss) 4,950.				
	d Net rental income or (loss)	4,950.			4,950.
	7a Gross amount from sales of (i) Securities (ii) Other		_		
	assets other than inventory	į			
	, 				
	b Less cost or other basis and sales expenses				
	` 	J]
	c Gain or (loss)			·	<u> </u>
	d Net gain or (loss)				<u> </u>
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				
2	See Part IV, line 18 a 6,715.		ľ		
포	b Less direct expenses b 1,596.				1
6	c Net income or (loss) from fundraising events	5,119.	5,119.		
		- 37 # 1 3 .	5/223.		
- 1	9a Gross income from gaming activities See Part IV, line 19				
			1		
	b Less direct expenses b				ļJ
	c Net income or (loss) from gaming activities				
- 1	10 a Gross sales of inventory, less returns	1	1		
	and allowances a		i		
	b Less [,] cost of goods sold b				
- 1	c Net income or (loss) from sales of inventory				1
- 1	Miscellaneous Revenue Business Code				<u> </u>
ı	11a				
	b				
	c				ļ ———
	d All other revenue	[
	e Total. Add lines 11a-11d				
_	12 Total revenue. See instructions	272,857.	5,119.	0.	65,341.

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).

	An other organizations must comp				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		-		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	45,000.	45,000.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	5,526.	5,526.		
11	Fees for services (non-employees)				
á	Management				
ŧ	Legal				
(: Accounting				
(i Lobbying [
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	3 Other				
12	Advertising and promotion				
13	Office expenses	397 <u>.</u>	397.		
14	Information technology				
15	Royalties				
16	Occupancy	23,911.	23,911.		
17	Travel	2,280.	2,280.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,313.	122,313.		
	Insurance	17,118.	17,118.		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	PROGRAMS	146,374.	146,374.		
	Postage and Shipping	3,640.	3,640.		
	TAXES & LICENSES	2,989.	2,989.		
	DUES AND SUBSCRIPTIONS	2,354.	2,354.		
	REPAIRS & MAINTENANCE	2,197.	2,197.		
f	All other expenses	3,022.	3,022.		
25	Total functional expenses Add lines 1 through 24f	377,121.	377,121.	0.	0.
26	Joint costs. Check here ►				-
BAA	campaign and fundraising solicitation				Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	24,514.	1	17,642.
	2	Savings and temporary cash investments	5,922.	2	15,135.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		! _	·- <u>-</u>
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
Ě	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a 5,625,932.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 284,239.	5,451,056.	10 c	5,341,693.
	11	Investments publicly-traded securities	94,161.	11	96,919.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	5,575,653.	16	5,471,389.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
_	27	Unrestricted net assets	5,575,653.	27	5,471,389.
A S	1	Temporarily restricted net assets	3,373,033.	28	<u> </u>
Ē S	29	Permanently restricted net assets		29	
Q R	23			23	
]	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
PZC	30	Capital stock or trust principal, or current funds		30	
	1	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	31			32	
Ã	32	Retained earnings, endowment, accumulated income, or other funds	5,575,653.	33	5,471,389.
BALAZCES	33	Total habilities and not assets fruid balances	5,575,653.	34	5,471,389.
BA		Total liabilities and net assets/fund balances	3,313,033.	34	Form 990 (2009)

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х 2b b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c 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 ın Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х Audit Act and OMB Circular A-133? 3a b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit 36 or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

		organization							Employe	r identifica	tion number	
ART	<u>ES:</u>	IA ARTS COUNC	CIL INC						51-0	14041	8	
<u>Part</u>	1	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.) See i	nstruct	ions	
he o	rga	nization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1		A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)).			
2		A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ)							
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(i	b)(1)(A)(iii).				
4		A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) E	nter the hosp	ıtal's
		name, city, and sta							_	_		
5		An organization open 170(b)(1)(A)(iv). (Control of the control of	erated for the benefit complete Part II)	of a college or university	owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in se	ction
6			•	governmental unit descri								
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(bX1XAXvi). (Complete Part II) A community trust described in section 170(bX1XAXvi). (Complete Part II)											
8	닏	A community trust	described in section 1	170(b)(1)(A)(vi). (Complet	te Part I	1)						
9	X	from activities related investment income	d to its exempt function	more than 33-1/3 % of its s is – subject to certain exce iss taxable income (less omplete Part III)	eptions, a	and (2) r	io more i	han 33.	1/3 % of	its supp	ort from gross	
10	Ш	An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).			
11		more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out ti 509(a)(3	he purposes 3). Check the	of one or box that
		a Type I	b Type II	c Type III				ed		d \square	Type III – C)ther
е	\Box	∟ , ,,		ganization is not controll		-	_		or more	disqual		
·	L.,J	than foundation ma 509(a)(2)	nagers and other that	n one or more publicly st	upported	d organi	zations	describ	ed in se	ction 509	9(a)(1) or sec	tion
f		check this box		ermination from the IRS								
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om any	of the f	ollowing	persons	s [?]	
											`	res No
		(i) a person who	directly or indirectly of	controls, either alone or t upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	
			ber of a person desc								11g (ii)	
					2000						11 g (iii)	-+-
		•	•	n described in (i) or (ii) al							119 (11)	
h				the supported organization	Τ	10 1b 0	63.04		6.00		6 w Amount	4 Compart
	(0.	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat	zed in the l	(vii) Amount o	н эирроге
					Yes	No	Yes	No	Yes	No		
						T						
						İ						
					<u> </u>	L_	_		I			
				-								_
			:::-								 -	
otal												

Page 2 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 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 1 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 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 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) **Total support.** Add lines 7 through 10 11 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 che	cked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	3,109,637.	591,586.	1,111,398.	491,428.	213,897.	5,517,946.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	9,852.	14,585.	63,063.	110,630.	60,556.	258,686.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	3,119,489.	606,171.	1,174,461.	602,058.	274,453.	5,776,632.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the			0			
	year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						5,776,632.
Sec	tion B. Total Support					- 	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6	3,119,489.	606,171.	1,174,461.	602,058.	274,453.	5,776,632.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	66,181.	199,417.	125,056.	-13,896.	-165.	376,593.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	66,181.	199,417.	125,056.	-13,896.	-165.	376,593. 0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)	6,153,225.
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13 column (f)		15	93.9%
	Public support percentage from 3	- ·	•	ic 13, coluinii (1)).		16	93.3%
	tion D. Computation of Inv						
17	Investment income percentage for				mn (fl)	17	6.1 %
18	Investment income percentage f			=	(1//	18	6.7 %
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on l	line 14, and line 15	is more than 33-1/3 blicly supported o	%, and line 17 is no	
b	33-1/3 support tests – 2008. If this not more than 33-1/3%, check	-	_			_	
	Private foundation. If the organi						_ ► [

Schedule A	(Form 990 (or 990-EZ)	2009 AR.	IESIA AK	12 COOM	TT TMC		51-(1140418	Page 4
Part IV	Supplem Part II, Iir	ental Info ne 17a or	ormation. 17b; and	Complete Part III, III	this part t ne 12. Pro	o provide to ovide any o	he explanation	ons required al information	by Part II, III n. See instru	ne 10; uctions.
					"					
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public A

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

AR'	TESIA ARTS COUNCIL INC			51-0140418
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds or Acc	
	the organization answered 'Yes'	to Form 990, Part IV, line	e 6.	Journal Complete II
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
-	Did the exception referential decision and de-			
5	Did the organization inform all donors and do funds are the organization's property, subject	to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ing that grant funds may be inor advisor or for any other	Yes No
Pai	rt II Conservation Easements Compl	ete if the organization ar	nswered 'Yes' to Form 9	90. Part IV. line 7.
	Purpose(s) of conservation easements held b			30, 31, 31, 11, 11, 11, 11, 11, 11, 11, 11
•	Preservation of land for public use (e.g.,	• •	Preservation of an historic	cally important land area
	Protection of natural habitat	recreation or picasure,	Preservation of certified h	- '
	Preservation of open space			istorie structure
2	Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservati	ion contribution in the form of	a conservation easement on the
	last day of the tax year			Held at the End of the Year
	a Total number of conservation easements		2a	Tield at the Elia of the Teal
	b Total acreage restricted by conservation ease	aments	2b	
	C Number of conservation easements on a cert			
	d Number of conservation easements included		2d	
	Number of conservation easements modified,		L— <u>—</u> ——————————————————————————————————	rganization during the tax
	year •			
4	Number of states where property subject to c			
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring the periodic monitori	ng, inspection, handling of vic	olations, Yes No
6	Staff and volunteer hours devoted to monitori during the year	ing, inspecting, and enforcing	conservation easements	
7	Amount of expenses incurred in monitoring, i during the year ▶	nspecting, and enforcing cons	servation easements	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expense statemen statements that describes the	t, and balance sheet, and e organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or Other Sind, Part IV, line 8.	milar Assets
1 6	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or re	esearch in furtherance of publi	ance sheet works of art, historical ic service, provide, in Part XIV,
I	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its re olic exhibition, education, or re	evenue statement and balance esearch in furtherance of publ	sheet works of art, historical ic service, provide the following
	(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 a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items	er sımılar assets for fınancıal	gain, provide the following
ä	Revenues included in Form 990, Part VIII, line	e 1		► \$
1	Assets included in Form 990, Part X			▶ \$

Part III Organizations Mainta	ining Collection	ns of Art, Histo	<u>orical Treasures, o</u>	<u>r Other Similar Ass</u>	ets (continued)
3 Using the organization's acquisititems (check all that apply)	on accession and o	other records, che	ck any of the following	that are a significant us	e of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 💹 Other	·		
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV	nızatıon's collectior	ns and explain ho	w they further the organ	nization's exempt purpos	se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be m	aintained as part	of the organization's co	llection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 99	Complete if on the Complete of	organization answe 21.	red 'Yes' to Form 99	90, Part IV, Iine
1 a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ing table:		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	n,
2a Did the organization include an a		U, Part X, line 21	,	i	∐ Yes ∐ No
b If 'Yes,' explain the arrangement		Totion oncuer	ad 'Vac' ta Farm 00	00 Part IV June 10	
Part V Endowment Funds Co					(a) Four years back
1 - Basinning of waar balance	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance b Contributions					
b Continuutions				- 	
c Net Investment earnings, gains, and losses					
d Grants or scholarships		 			<u> </u>
e Other expenditures for facilities and programs					
f Administrative expenses		 			
g End of year balance		1 1 1 1 1			
2 Provide the estimated percentage	•	alance neid as:			
a Board designated or quasi-endov		*			
b Permanent endowment ►	*				
c Term endowment	 8				
3a Are there endowment funds not i	n the possession o	f the organization	that are held and adm	inistered for the	Yes No
organization by (i) unrelated organizations					3a(i) 103
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related of	organizations listed	as required on S	chedule R?		3b
4 Describe in Part XIV the intended	_	•			
Part VI Investments—Land, B				line 10	
Description of investment		ost or other basis		(c) Accumulated	(d) Book Value
(investment) (a) Cost of other basis (b) Cost of other (c) Accumulated (d) Book valid					
1 a Land			10,000.		10,000.
b Buildings			5,614,932.	283,239.	5,331,693.
c Leasehold improvements					
d Equipment			1,000.	1,000.	0.
e Other					
Total. Add lines 1a through 1e (Colum	n (d) must equal F	orm 990, Part X, (column (B), line 10(c))	P	5,341,693.
BAA				Sched	lule D (Form 990) 2009

Schedule D (Form 990) 2009 ARTESIA ARTS COUNC	CIL INC	51-0140418 Page 3
Part VII Investments-Other Securities See Fo		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		·
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)	L, <u>_</u>	
Part VIII Investments-Program Related (See F	orm 990, Part X, line	13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		
		
		
		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	line 15) N/A	
Part IX Other Assets (See Form 990, Part X,		(b) Book value
(a) De	scription	(b) Book Value
		
		
		
Total (Column (h) must agual Form 000 Port V and (P) II	no 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), li Part X Other Liabilities (See Form 990, Part)		
(a) Description of Liability	(b) Amount	
Federal Income Taxes	(b) Amount	
rederal income raxes	+	
		
	 	
		
		
		
		
	- -	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization's fir	nancial statements that reports the organization's liability

Schedule D (Form 990) 2009 ARTESIA ARTS COUNCIL INC	51-014	10418	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)		·	
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)		 -	
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	<u>Return</u>	N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	┙'		
b Donated services and use of facilities 2b	-		
c Recoveries of prior year grants	_		
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2 e	·	
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	_		
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5_		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses 2c	<u> </u>		
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3	-	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b.			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
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 line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this information	IV, lines part to p	1b and 2b, Pa provide any ad	irt V, ditional

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 ARTESIA ARTS COUNCIL INC Part XIV Supplemental Information (continued)	51-0140418	Page 5
Fait XIV Supplemental information (continued)		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public in Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

ARTESIA ARTS COUNCIL INC	51-0140418
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
·	
·	
·	

Scriedule O (Form 990) 2009	Page 2
Name of the organization ARTESIA ARTS COUNCIL INC	Employer identification number 51-0140418
THE STATE OF THE	102 0110120

Form **8868**

(Rev Aprıl 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue	Treasury Service		► File a separ	ate application for e	ach return.			
If you are filing for an Automatic 3-Month Extensio			Extension, comp	iete only Part I and o		► [X]		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not comp	olete Part II ui	<i>iless</i> you have alrea	dy been granted a	an automatic 3-mont	h extension on a	previously f	iled Form 8868	
Partil 4	Automatic	3-Month Extens	ion of Time. O	nly submit origin	al (no copies	needed).		
A corporation	required to f	ile Form 990-T and	requesting an aut	omatic 6-month exte	nsion — check th	is box and o	complete Part I or	nly ►
All other corp		luding 1120-C filers)), partnerships, RE	EMICS, and trusts mu	ust use Form 700	4 to request	t an extension of t	ime to file
returns noted the additional Form 990-T	l below (6 mo l (not automa Instead, you	inths for a corporation	on required to file ion or (2) you file y completed and s	orm 8868 if you want Form 990-T) Howev Forms 990-BL, 6069 signed page 2 (Part I & Nonprofits	er, you cannot fil . or 8870. group r	le Form 8866 returns, or a	8 electronically if a composite or cor	(1) you want rsolidated
	Name of Exemp	l Organization					Employer identification	on number
Type or							İ	
print	ARTESTA	ARTS COUNCIL	TNC				51-0140418	
File by the		and room or suite number		uctions			10- 3-10-3	
due date for filing your	P.O. BOX	782						
return See instructions	City, town or pos	of office, state, and ZIP coo	de For a foreign address	s, see instructions				
	ARTESTA.	NM 88211						
Check type o		filed (file a separa	te application for	each return)				
X Form 990		riica (iiic a separa).	Form 990-T (co		ſ	Form 472	20	
Form 990		-	_	ction 401(a) or 408(a) truet)	Form 522		
Form 990		Ļ	- i `	, , , ,	· · ·	Form 606		
\vdash			1, 9, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
Form 990	J-PT		Form 1041-A			FUIII 067		
The books	are in the cai	re of <u>DAVID</u>	ONEAU					
Telephone				FAX No ►				
				ess in the United Sta				▶ ∐
If this is f	for a Group R	eturn, enter the org	anızatıon's four dı	git Group Exemption	Number (GEN)	If	this is for the who	ole group,
check this	s box 🕨 🔲	If it is for part of t	the group, check t	his box 🟲 📘 and a	attach a list with t	the names a	and EINs of all me	mbers
the exten	ision will cove	er						
1 reques				on required to file Fo				
until _	4/15	_, 20 <u>11</u> _, to file	the exempt organ	nization return for the	e organization nai	med above		
The ext	ension is for	the organization's r	eturn for					
▶ []	calendar yea	r 20 or						
► X	tax year beg	inning 9/01	, 20 09 , a	and ending $8/3$	1, 2010	2_		
2 If this to	ax year is for	less than 12 month	s, check reason	Initial return	Final return	n 🔲 C	Change in account	ing period
3a If this a nonrefu	ipplication is indable credit	for Form 990-BL, 99 s See instructions	00-PF, 990-T, 4720), or 6069, enter the	tentative tax, less	s any	3a \$	0.
b If this a made I	pplication is include any p	for Form 990-PF or rior year overpayme	990-T, enter any i ent allowed as a c	refundable credits ar redit	nd estimated tax p	payments	3b \$	0.
deposit	e Due. Subtra with FTD cou structions	oct line 3b from line upon or, if required,	3a Include your p	payment with this for Electronic Federal T	m, or, if required, ax Payment Syst	, em) 	3c \$	0.
Caution. If yo		to make an electron	ic fund withdrawa	I with this Form 8868	3, see Form 8453	-EO and Fo	rm 8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)