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# Short Form 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 thus form

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

may use this form

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

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Dispat applicable   Content of the property   Content of the propert		Α	For the 2009 ca	<u>alendar</u>	year, or tax year beginning	9/01	, 2009, and en	ding 8/31		, 2010			
Name charge   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   F Group Exemption   Number   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   F Group Exemption   Number   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:     Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:     Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:		<b>B</b> _	Check if applicable	<u>.</u> .	С				D Employer	identification number			
Name charge   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   F Group Exemption   Number   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   F Group Exemption   Number   Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:     Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:     Section 501(x/S) arganizations and 4547(s)/1) moneyempt charitable trusts   G Accounting method:		$\square$	Address change	Please use IRS	Kutsinhira Cultura	l Arts Ce	nter		93-11	L18057			
Tomativation   Processor   P			Name change   label or   D O Roy 26111							E Telephone number			
Revenue   September   Septem			Initial return	type.	Eugene, OR 97402				541-3	37-3281			
**Section StriCk(S) organizations and 4947(a)(7) ponexempt charitable trusts must attach a completed Schedule A from 590 or 500-E2).    Website:   Kutsinhira.org				Specific									
**Section 501(C/S) organizations and 4547(AYI) nonexempt charitable trusts miss attach a completed Schedule A form 590 or 5564-2.    Website:   Kutsinhira.org   Tax-exempt status (cleat only one)   X  501(c) (3) * (uset no.)   4947(AYI) or   527   Check		Ħ											
Website:   Kuts.Initir.corg		Ш.											
Website: Nutsinhira.org			• Section :	501(c)(3 iust atta	8) organizations and 4947(a)(1 ach a completed Schedule A (	) nonexempt ci Form 990 or 95	haritable trusts 90-EZ).	_	_	Cash			
Tax-exempt tabus (check only one)    X			_	_									
K Check   In the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-E2 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-E2.  Remittied Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received. 1 1, 557. 2 Program service reviewe including government fees and contracts. 2 2 32, 122. 3 Membership dues and assessments 4 600. 5 a Gross amount from sale of assets other than inventory 5 b Less: cost or either basis and sales expenses. 5 b   Special events and activates (complete spaticable parts of Schedule G). If any amount is from gaming, check here.  7 a Gross revenue of (loss) from sales of sevents (Subtract line 15 from line 6a) 7 a Gross service (rot including 8 or Gross service) 8 0 the revenue (describe > 9 total changes of contributions reported on line 1) 9 b Less: cost of ordin cincluding 8 or Gross services (loss) from speal events and activate (Subtract line 55 from line 6a) 7 a Gross service (loss) from speal events and activate (Subtract line 75 from line 7a) 8 0 ther revenue (describe > 9 total provents) (Subtract line 75 from line 7a) 8 0 ther revenue (describe > 9 total provents) (Subtract line 75 from line 7a) 8 0 ther revenue (describe > 9 total provents) (Subtract line 75 from line 7a) 9 10 Gross profits of (loss) from spale (attach schedule).  8 10 Gross profits of (loss) from spale (attach schedule).  10 Gross profits of (loss) from spale and events and activate (Subtract line 75 from line 7a) 11 Benefits paid to or for members. 11 1 1, 151. 12 17, 157. 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping of year (from line 27, column (A)) (must agree with end			_					required to	attach Sche	edule B (Form 990,			
\$25,000. A From 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.    Ladd Intens 5b. 65, and 75, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-E2   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)													
Instead of Form 990-EZ   \$36, 900.   \$36			\$25,000. A Forn	n 990-EZ	Z or Form 990 return is not requi	red, but if the or	ganization chooses to file	a return, be sur	e to file a co	<b>not</b> more than mplete return.			
Reactive   Revenue, Expenses, and Charges in Net Assets or Fund Balances (See the instructions for Part I.)   1   1,1,557, 2   Program service revenue including government fees and contracts.								orm 990	<b>►</b> \$	36,900.			
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 3, 2, 621. 3 Membership dues and assessments 3 2, 621. 4 Investment income. 5 a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5 b Special events and activities (complete applicable parts of Schedule (9). If any amount is from gaming, check here. 5 Gean or (floss) from special events and activities (complete applicable parts of Schedule (9). If any amount is from gaming, check here. 5 Gean or (floss) from special events and activities (3ubtract line 6b from line 6a) 5 Censes profit or (floss) from special events and activities (3ubtract line 6b from line 6a) 5 Censes profit or (floss) from special events and activities (3ubtract line 6b from line 7a) 5 Censes profit or (floss) from special events and activities (3ubtract line 6b from line 7a) 7 Censos profit or (floss) from special events and activities (3ubtract line 6b from line 7a) 7 Censos profit or (floss) from special events and activities (3ubtract line 6b from line 7a) 7 Censos profit or (floss) from special events and activities (3ubtract line 6b from line 6a) 7 Total revenue. (discribe ► 9 Total evenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule).  8 Other revenue (discribe ► 9 Total evenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 11 Benefits paid to or for members. 11 Senefits paid to or for members. 12 17, 157. 13 1, 5941. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Statement 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return') 16 Other changes in net assets or fund balances (attach explanation). 21 Total exp						in Net Ass	ets or Fund Balanc	es (See the	instruction				
2   32,122. 3   Membership dues and assessments   3   2,621. 4   Investment income   5a   Gross amount from sale of assets other than inventory   5a   bess: cost for other basis and sales expenses   5b     5c   5c   5c   5c   5c   5c	,							(======================================					
3   Ambertship dues and assessments   3   2,621.					<u> </u>		tracts		2				
A Investment income   Sa Gross amount from sale of assets other than inventory   Less: cost or other basis and sales expenses   Sb   Sc   Cain or (loss) from sale of assets other than inventory (Subtract line 5 from 15a).   Sc   Sc   Cain or (loss) from sale of assets other than inventory (Subtract line 5 from 15a).   Sc   Sc   Cain or (loss) from sale of assets other than inventory (Subtract line 5 from 15a).   Sc   Cain or (loss) from sale of assets other than fundraising expenses   Gb   Cain or (loss) from special events and activities (Subtract line 5 from line 6a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of inventory (Subtract line 7b from line 7a)   Tale   Cain or (loss) from sales of sales of line 15c   Cain or (loss) from sales of sales of line 15c   Cain or (loss) from sales of line 15c   C			_										
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here.  6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here.  6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here.  6 Compose the compose of loss) from special events and activities (Subtract line 6b from line 6a)  7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits 13 1, 541.  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ See Statement 2  17 Total expenses. Add lines 10 through 16  18 Excess or (defict) for the year (Subtract line 17 from line 9)  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 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Cother changes in net assets or fund balances (attach explanation).  10 Cother changes in net assets or fund balances (attach explanation).  11 (A) Beginning of year 12 (B) End of year 13 (B) End of year 14 (B) End of year 15 (B) End of year 16 (B) End of year 17 (B) End of year 18 (B) End of year 19 (B) End of year 19 (B) End of year 19 (B) End of year 10 (B) End of year 11 (B) End of year 11 (B) End of year 12 (B) End of year 13 (B) End of year 14 (B) End of year 15 (B) End of year 16 (B) End of year 17 (B) End of year 18 (B									4				
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C Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a).  6 Special events and activities (complete applicable parts of Schedule (6). If any amount is from gaming, check here						-	5b						
6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here.  a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses. c Net income or (loss) from special events and activities (Subtract line 6b) from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 there revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		R			•				5с				
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b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				-									
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe > 9 36,900.  8 Other revenue (describe > 9 36,900.  10 Grants and similar amounts paid (attach schedule)					<del>-</del>		————		<b>(</b>				
Solution						Subtract line 7t	from line 7a)	· - · · ·	7c				
10   Grants and similar amounts paid (attach schedule)   See Statement 1   10   3,500.	مس		•						) 8				
10   Grants and similar amounts paid (attach schedule)   See Statement 1   10   3,500.	70			•		and 8	···			36.900			
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   Other expenses (describe   See   Statement   2   2   17   13   1   14   14   15   15   16   17   17   18   17   18   17   18   17   18   17   18   18		一											
12   Salaries, other compensation, and employee benefits   RECEIVED   13   17,157.   13   1,541.   14   0,375.   15   15   15   15   15   15   15	~ —	Ì				•		accment i	<u> </u>	3,300.			
14   6,375.		Ē		•					-	17 157			
14   6,375.	$\equiv$	ĝ			· · ·		RECEIV	EU					
15		Ň			· · · · · · · · · · · · · · · · · · ·	Chachi Contrat	L L	lŏl					
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17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation).  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Partillal 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  (B) End of year  (Cash, savings, and investments  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe See Statement 3)  25 Total assets  15,776. 25  23,249.  26 Total liabilities (describe See Statement 4)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  11,335. 27  11,272.		S	_	-		2	4 Pro % a.	1001	. 40	8 390			
figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation).  Net assets or fund balances at end of year. Combine lines 18 through 20  Part IIII 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)  Cash, savings, and investments  Land and buildings  Other assets (describe See Statement 3)  Total assets  Total liabilities (describe See Statement 4)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  19  11, 335.  20  21  11, 335.  (A) Beginning of year  (B) End of year  22, 841.  23  24  27, 425.  28  29  15, 776.  25  21  21  21  21  22  23  24  24  25  27  28  29  29  20  21  21  21  21  22  23  24  24  25  27  28  29  20  21  21  21  21  21  22  23  24  24  25  25  26  27  28  29  20  21  21  21  21  21  21  22  23  24  24  25  25  26  27  28  29  29  20  21  21  21  21  21  21  22  23  24  24  25  25  26  27  28  29  20  21  21  21  21  21  21  22  23  24  24  25  25  26  27  28  29  20  21  21  21  21  21  21  22  22  23  24  24  25  25  26  27  28  29  29  20  20  20  21  21  21  21  21  22  22	<b>3</b>					-		<del> ≌ </del>	. —				
figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation).  Net assets or fund balances at end of year. Combine lines 18 through 20  Part III 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)  Cash, savings, and investments  Land and buildings  Other assets (describe See Statement 3)  Total assets  Total liabilities (describe See Statement 4)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  19  11, 335.  20  21  11, 335.  (A) Beginning of year  (B) End of year  22, 841.  23  24  27, 425.  25  27  11, 272.	4	一十				7 from line 9)	OGDEN	<del>. u† - 1 -</del>					
figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation).  Net assets or fund balances at end of year. Combine lines 18 through 20  Part III 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)  Cash, savings, and investments  Land and buildings  Other assets (describe See Statement 3)  Total assets  Total liabilities (describe See Statement 4)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  19  11, 335.  20  21  11, 335.  (A) Beginning of year  (B) End of year  22, 841.  23  24  27, 425.  25  27  11, 272.	·	A		•	, , ,	•	i gi <del>nin in </del>	<u>^ ^ </u>	iche consul				
Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year. Combine lines 18 through 20.  Partill  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)  Cash, savings, and investments  Land and buildings  Cash, savings, and investments  Deferming of year	G D	N S				ear (from line 2	7, column (A)) (must ag	gree with end-o	1-year	11 335			
Partill   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   (B) End of year   (B) End of year   (B) End of year   (Cash, savings, and investments   (Cash, savings, and inves		ŦĘ			· · · · · · · · · · · · · · · · · · ·	 (attach evnlans	ation)			11,555.			
Partill   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 )		s		_						11 272			
(See the instructions for Part II )  22		Dã						re file Form 99					
22 Cash, savings, and investments       12,935. 22       20,824.         23 Land and buildings       23         24 Other assets (describe ► See Statement 3       )       2,841. 24       2,425.         25 Total assets        15,776. 25       23,249.         26 Total liabilities (describe ► See Statement 4       )       4,441. 26       11,977.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       11,335. 27       11,272.		I AC	ILEGITIME DATE	11100 3			7 are \$1,200,000 or mor						
23       23         24       Other assets (describe ► See Statement 3 )       2,841. 24 2,425.         25       Total assets		22	Cach caving	c and i	•	GICII /				1-1			
24 Other assets (describe ► See Statement 3 )       2,841. 24 2,425.         25 Total assets			· -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		' '						
25 Total assets       15,776. 25       23,249.         26 Total liabilities (describe ► See Statement 4 )       4,441. 26       11,977.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       11,335. 27       11,272.				•	be ► See Statement	3	,	2		2.425			
26 Total liabilities (describe ► See Statement 4 )       4,441. 26 11,977.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				-		<del>-</del>	-′						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)					cribe ► See Statement	4	,						
							/ vith line 21)						
									,	Form <b>990-EZ</b> (2009)			

Form 990	-EZ(2009) Kutsinhira Cult	ural Arts Center		93	-111	8057	Page 2
	Statement of Program Ser		(See the instruction			Expenses	uge 2
	organization's primary exempt purpose? See		(0000 0.10 11.100.000.11		Reg	uired for section	
Describe	what was achieved in carrying out th	e organization's exempt pure	oses. In a clear and co	ncise manner	501(d	c)(3) and (4) nizations and sec (a)(1) trusts; optithers.)	ction
describe	what was achieved in carrying out the the services provided, the number of	persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; opt	ional
program					tor o	thers.)	
	<u>ents_and_classes_dedica</u>	<u>ted to studying an</u>	<u>id sharing the </u>	music_and			
_cu	lture of Zimbabwe.		<b></b>				
(Gr	ants \$ 3,500.) If th	is amount includes foreign gr	rants, check here		28 a	35.	096.
29	<u> </u>		· ·				
				<b></b>			
<u>(Gra</u>	ants \$) If th	is amount includes foreign gi	rants, check here		29 a		
30			<b></b>				
(Gra	ants \$ ) If th	is amount includes foreign gi	rants, check here		30 a		
	er program services (attach schedule			<u></u>			
		is amount includes foreign gi	rants check here	▶ □	31 a		
	al program service expenses (add li				32	35	096.
	List of Officers, Directors,						
<b>Egithy</b>	LISCOI Officers, Directors,						
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -0)	(d) Contributions employee benefit plar	t0 s and	(e) Expense ac	count
	(a) Name and address	to position	not paid, circl -0-1)	deferred compensa	tion	and other anow	arices
Lynne	Swift.	Exec Director	900.		0.		0.
	26111	0					•
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	e, OR 97402				_		
	ene Talkington	President	0.		0.		0.
PO Box	<u> 26111                                  </u>	0					
Eugene	e, OR 97402						
Alex V	veeks	Secretary	0.		0.		0.
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	Spalter	Treasurer	0.		0.		0.
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Eugene	e, OR 97402						
Barb 1	MacWilliam	Director	300.		0.		0.
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	e, OR 97402				_		
	Bennett	Director	0.		0.		0.
	<u> 26111                                 </u>	0					
Eugene	e, OR 97402	,					
Janis	Weeks	Director	0.		0.		0.
	¢ 26111	n					
	e, OR 97402	1					
Dagein	2, 01. 31402						
	- <b></b>						
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		}					
			-				
BAA		TEEA0812L 0	01/30/10	· <del></del>		Form <b>990-EZ</b>	(2009)

Par	t V Other Information (Note the statement requirements in the instrict for Part V.) See State	teme	ent	6					
	_		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	33		x					
34									
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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?	35 a		х					
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b							
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	36		х					
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  0.		1.1						
Ł	Did the organization file Form 1120-POL for this year?	37 Ь		X					
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X					
t	If 'Yes,' complete Schedule L, Part II and enter the total								
30	amount involved	"*	• 3						
		<u>ئ</u>	€. / <b>346</b> 8.2	)					
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	*, -		200 200 3.55					
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			.87x					
	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.		7.3						
Ć	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	<b>40</b> b		X					
•	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.								
		40 e		<u> </u>					
41	List the states with which a copy of this return is filed None								
42 a	The organization's books are in care of ► Gary Spalter  Located at ► P.O. Box 26111 Eugene OR  Telephone no. ► 541-33  ZIP + 4 ► 97402	<u>7-32</u>	2 <u>81</u> 	 					
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No					
		42 b	:8	X					
	If 'Yes,' enter the name of the foreign country:		1, 1						
(	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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:.	42 c		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	ا .		N/A N/A					
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X					
ΛE	of Form 990-E2	***							
	Form 990 must be completed instead of Form 990-EZ	45		<u> </u>					

►X Yes

Form 990-EZ (2009)

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. Yes No 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49b 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.' (b) Title and average hours per week devoted to position (d) Contributions to employe benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 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 None d Total number of other independent contractors each receiving over \$100,000 this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is than officer) is based on all information of which preparer has any knowledge Under penalties of perjury, I declare that I have examined true, correct, and complete Declaration of preparer (when Sign Date Here Type or print name and title Preparer's Identifying Number (See instructions) Check rf Paid 12/8/10 signature N/A employed Pre-Greg Belsnér PC CPA Firm's name (or parer's yours if self-employed), address, and ZIP + 4 290 N/A Use 911 Country Club Road, Eugene, OR 97401 Phone no 541-349-1254 Only

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

BAA

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

Department of the Treasury Internal Revenue Service

Total

**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

**Open to Public** Inspection

Employer identification number 93-1118057 Kutsinhira Cultural Arts Center 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 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. Type II Type III - Functionally integrated Type III- Other c i d l Type I 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (ii) EIN (vii) Amount of Support your support? (see instructions)) governing document? Yes No Yes Nο Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you checke tion A. Public Support	ed the box on li	ne 5, 7, o	r 8 of Par	rt I.)		· · · -			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b)	2006	(c)	2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')									
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	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									
4	Total. Add lines 1-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		> , <b>*</b>	**************************************			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37	***	
6	Public support. Subtract line 5 from line 4			<b>₹</b>	4	Å.			; <b>(</b>	
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b)	2006	(c)	2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10				* * * )	**************************************			**	
12	Gross receipts from related activ	rities, etc. (see	nstruction	ns)					12	
13	First five years. If the Form 990 organization, check this box and			fırst, seco		l, fourth,	or fifth tax year a	is a section !	501(c)	(3)
	tion C. Computation of Pu								· ·	
	Public support percentage for 20					olumn (f)			14	<u>%</u>
15	Public support percentage from	2008 Schedule	A, Part II,	, line 14	•				15	<u></u> %
16 a	<b>33-1/3 support test – 2009.</b> If the and <b>stop here.</b> The organization	e organization o qualifies as a p	lid not ch jublicly su	eck the bo	ox on li organiza	ne 13, an tion.	d the line 14 is 33	3-1/3 % or m	ore, cl	heck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization o qualifies as a p	lid not ch ublicly su	eck a box pported o	on line organiza	13, or 16 tion	a, and line 15 is 3	33-1/3% or n 	nore, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts	s-and-circ	umstance	es' test,	check this	s box and <b>stop he</b>	e <b>re.</b> Explain i	n Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts	s-and-circ	umstance	es' test,	check thi	s box and <b>stop he</b>	e <b>re.</b> Explain i	n Part	IV how the
18	Private foundation. If the organi	zation did not c	heck a bo	ox on line	, 13, 16a	a, 16b, 17	a, or 17b, check	this box and	see in	structions •
BAA							S	chedule A (F	orm 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Kutsinhira Cultural Arts Center 93-1118057 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 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') 7,555 9,508 6,410 7,237 4,178 34,888. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 30,717 37,630 57,249 52,627 32,122 210,345. purpose. Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 38,272 47,138 63,659 59,864 36,300 245,233. 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1. 2, 3 received from disqualified 0. 0 0 0 0 0. persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0.\_ 0 0 0 0 0 vear 0 0 0 0. c Add lines 7a and 7b 0 0. à 8 Public support (Subtract line ž. 4 7 245,233. 7c from line 6.). **Section B. Total Support** (d) 2008 (a) 2005**(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 38,272 47,138. 245,233. 9 Amounts from line 6 63,659 59,864 36,300. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 0 0 0. 0 0 c Add lines 10a and 10b .... 0. Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 405 600 1,005. 246,238. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) ... 15 99.6% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.8% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0.0% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0.0% 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 **►** X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	ge 4
<del>-</del>	
- <b>-</b>	

2009

## Schedule A, Part IV - Supplemental Information

Page 5

Kutsinhira Cultural Arts Center

93-1118057

Part III,	Line	12 - Other	Income
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Nature and Source	<u> </u>	2009	2008	2007	2006	2005
Miscellaneous	Total 3	600. \$ 600.	\$ 405. \$ 405.	\$ 0.	\$ 0.	\$ 0.

2009	Federal State	nents		Page <sup>1</sup>
	(utsinhira Cultural A	rts Center		93-111805
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid				
Payments to Affiliates	- Various			
Purpose of payment: Amount:	Provide suppor	t for ZCDP	\$	3,500
Payments to Affiliates	•		\$	3,500
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			_	
CD Project Community Outreach Depreciation Ensembles and Performances Instruction Insurance Miscellaneous Office Expenses Zimbabwean Support				910. 827. 333. 529. 903.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets				
Machinery and Equipment		<u>Be</u> \$ Total \$	2,841. 2,841. 5 2,841.	2,425 2,425
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities				
Accounts Payable and Accrued Ex Payable to Officers, Directors,		<u>Be</u> \$ Total <u>\$</u>	ginning 4,441. \$ 0. 4,441. \$	Ending 8,677 3,300 11,977

2009

#### **Federal Statements**

Page 2

**Kutsinhira Cultural Arts Center** 

93-1118057

No No

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Kutsinhira Cultural Arts Center is dedicated to the music and culture of the people of Zimbabwe.

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ......(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.......