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78 5 09/12/2011 4 15 PM Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A_</u>	For the 200	9 calendar ye	ear, or tax year beginning $11/01/09$, and ending $10/31/10$					
В	Check if applica		C Name of organization	D	Emplo	yer identi	ification numbe	:F
	Address chang	use IRS label or	SUN VALLEY CENTER FOR THE ARTS, INC					
	Name change	print or	Doing Business As		23-	-7113	<u> 276 </u>	
\Box	Initial return	type	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Teleph	one numb	er	
\equiv		See Specific	P.O. BOX 656					
	Termination	Instruc-	City or town, state or country, and ZIP + 4	G	Gross rece	ipts \$	3,109,11	<u>14</u>
	Amended retur	n tions	SUN VALLEY ID 83353					
	Application per	iuliig j	e and address of principal officer	H(a) is this	a group retur		
_		1	INA PETERS	ر ا	affiliate		Yes X	No
		,	O. BOX 3486	'"	include	annates ad?	Yes	No
			TCHUM ID 83340		If "No,"	attach a list	(see instructions)	
1	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527					
<u>J</u>	Website		ALLEYCENTER.ORG			exemption n		_
*****		zation X Coi		on 197	/1	M State of	f legal domicile	<u>ID</u>
F	Part I	Summa						
	ŀ	•	he organization's mission or most significant activities					
ø	S	EE SCHEI	DULE O					
auc								
Activities & Governance								
8	1		If the organization discontinued its operations or disposed of more than 25% of its net	assets				
ૐ	l .	_	members of the governing body (Part VI, line 1a)		3	23		
ies		•	endent voting members of the governing body (Part VI, line 1b)		4	22		
Ę			employees (Part V, line 2a)		5	15		
Ac	ı		volunteers (estimate if necessary)		6	320		—
	i	·	ated business revenue from Part VIII, column (C), line 12		7a			_
	b Net	unrelated but	siness taxable income from Form 990-T, line 34		7b		Current Veer	0
	8 Con	tributions on	nor Year , 74 2 ,	215		urrent Year . , 4 50 , 08	₹Q	
ne		itributions and	219,			580,30		
Revenue	1	-	revenue (Part VIII, line 2g)	210,	20		54,44	
æ	1		ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	272,			200,74	
				,234,		2	2,285,57	
			ar amounts paid (Part IX, column (A), lines 1–3)		016		44,72	
			or for members (Part IX, column (A), line 4)	-10,			44,72	
	4E Cole		ompensation, employee benefits (Part IX, column (A), lines 5–10)	827,	066		971,67	71
ses	15 Sala	•	draising fees (Part IX, column (A), line 11e)	02 , ,				<u> </u>
penses	h Tota		expenses (Part IX, column (D), line 25)		-+			
Ä	17 Oth	ar avnancas		,269,	922	1	,512,16	<u>. a</u>
	17 Out	ei expenses	Add lines 13–17 (must equal Part IX) (column (A), line 25)	,145,			,528,56	
		-	penses Subtract line 18 from line 12 0 050 0 2011		141		-242,98	
58		CHOC ICCO CX	SEP 2 U 2011 (O) Beginning	of Current		E	End of Year	÷
Net Assets or	20 Tota	al assets (Par	rt X, line 16)	,495,	850	7	7,276,99	<u>8</u>
t As	21 Tota	al liabilities (P	rart X, line 26)	86,	672		57,09	<u>, o</u>
2	22 Net	assets or fun	nd balances Subtract line 21 from line 20 7	,409,	178	7	,219,90	8(
_F	art II	Signatu	re Block					
			lties of perjury, I declare that I have examined this return, including accompanying schedules and statemen					
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any	/ knowledg	•	
Sig	gn		ally Doetfer Executive Director for local Hay	roche	<u>d</u>	9	1/15/11	
He	re	Signatu	are of officer Board	Presid	lo bate			
;		50	ally Boettger Exec. Director w/authorization	<u>ک ہوط</u>	Tod	Herr	nachek,	
; 		Type or	print rame and title	`&	20/1		sidert !	
9_	:	Preparer's		Check if self-	_		er's identifying numbe structions)).
Pa		signature	(1) Mat (Namuer 09/12/11)	seir- employed	▶ ∐		0157522	
	eparer's	Firm's name	BECKER, CHAMBERS & CO., P.A.		EIN ▶	82	2-043774	13
US	e Only	if self-emplo			Phone			_
		address, and			no 🕨	208-	-788-95 <u>9</u>) 5
Ma	y the IRS d	scuss this re	turn with the preparer shown above? (see instructions)					No
		ct and Pape	rwork Reduction Act Notice, see the separate instructions.	a-1	7		Form 990 (200	09)
DA	١			ν 1	•			

Form 990 (2009) SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276	Page 2
Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission SEE SCHEDULE O	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses 	Yes X No
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 323,366 including grants of \$) (Revenue \$ THE CENTER HOLDS ORIGINAL VISUAL ARTS EXHIBITIONS THAT RANGE WIDELY IN SCOPE, STRUCTURE AND SUBJECT AND INCLUDE WORKS BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CONTEMPORARY ARTISTS.	18,902
4b (Code) (Expenses \$ 606,992 including grants of \$) (Revenue \$ THE CENTER HOLDS PERFORMING ARTS EVENTS RANGING FROM	407,027
INTIMATE JAZZ AND CHAMBER MUSIC CONCERTS TO MODERN DANCE AND MULTIMEDIA PERFORMANCES TO LARGE OUTDOOR CONCERTS.	
4c (Code) (Expenses \$ 366,775 including grants of \$) (Revenue \$ THE CENTER HAS PUBLIC LECTURES AND VISITS BY ARTISTS, AUTHORS, AND WORLD RENOWNED SCHOLARS, MANY OF WHOM ALSO VISIT LOCAL SCHOOLS OR TEACH CLASSES. THERE ARE ALSO MANY CLASSES FOR ADULTS, FAMILIES AND CHILDREN.	67,664
4d Other program services (Describe in Schedule O)	

119,848 including grants of \$ xpenses ▶ 1,416,981

86,714)

44,724) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

P₽	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	İ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	•	ŀ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		_	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			· · · · · · · · · · · · · · · · · · ·
•	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		·	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		İ	ļ
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	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 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related 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 statements for the tax year? If "Yes," complete	<u> </u>		لـــا
	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N	_		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	┥		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	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,	446		x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	l	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	<u> </u>	
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18		- '' -	<u> </u>	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19	x	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x
			n 990	(2009)

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

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 12 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director trustee, or key employee? If "Yes " complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV 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, 28c Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Part VI 37

38 X Form 990 (2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U S Information Returns Enter -0- if not applicable	1a	68			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	X	ļ
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	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			_2b	Х	<u> </u>
	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	y				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			}		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	iai				x
	account)?			4a	\vdash	^
b	If "Yes," enter the name of the foreign country	la.				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban and Financial Accounts	IK.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards			52		
	Prohibited Tax Shelter Transaction?	9		5c		
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ab				
	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	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7e		X
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?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			7.		х
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		A
0	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	1	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 10	41?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 23 Enter the number of voting members of the governing body 22 1b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following. X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X form? 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ TD 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the SUN VALLEY CENTER FOR THE ARTS, INC 191 FIFTH STREET EAST

208-726-9491

ID 83340

KETCHUM

Part VII 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 organization'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 employee"
- 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

(A) Name and Title	Pos	ition ((D) Reportable	(E) Reportable	(F) Estimated					
Name and Time	Average hours per week	or director	Institutional trustee	Officer	Key employee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK CARALUZZI										
DIRECTOR	0.75	X						0	0	0
SUSAN COHEN	<u> </u>	l			ļ					
DIRECTOR	1.00	X						0	0	0
BONNI CURRAN					ŀ					
DIRECTOR		X						0	0	0
LINDA A POTTER										
DIRECTOR	0.50	X						0	0	0
CAROL SCHEIFELE-H	OLMES									
DIRECTOR	1.00	X						0	0	0
JACK THORNTON										
DIRECTOR	1.00	X				L		0	0	0
TOD HAMACHEK		1								
DIRECTOR	2.00	X						0	0	0
KARL KREKOW										
DIRECTOR	1.00	X						0	0	0
ANN PUCHNER										
DIRECTOR	1.50	X				Ш		0	0	0
JENNIFER ROBERTS										
DIRECTOR	3.00	X						0	0	0
KATHLEEN JONES										
DIRECTOR	1.50	X				Ш		0	0	0
MOLLY KELLY										
DIRECTOR	1.00	X				Ш		0	0	0
ADRIAN NORRIS										
DIRECTOR	0.50	X						0	.0	0
KEVIN STUESSI										
DIRECTOR	1.00	X				Ш		0	0	0
SHELLEY WILLIAMS		1								
DIRECTOR	2.50	X						0	0	0
JOHN GAEDDERT	•									
DIRECTOR	1.00	X						0	0	0
SONYA JOHNSTON	_									
DIRECTOR	2.00	X						0	0	0

Form 990 (2009)	SUN	VALLEY	CENTER	FOR	THE	ARTS.	TNC	23-711	3276

		stees	, Ke		•	yees	, and	d Highest Compensated E	mployees (continued)			_
(A) Name and Title	(B) Average	Pos	ition		C) k all i	hat a	(ylgo	(D) Reportable	(E) Reportable	Es	(F) stimated	
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org and	nount of other ipensation om the ianization d related anizations	
WENDY PESKY DIRECTOR		x				_		0	0	-		0
TIM WOLFF		<u> </u>			\vdash	 	-			_		<u>~</u>
DIRECTOR	2.00	x				<u> </u>		0	0			0
RUFUS BROWN									_			Ξ
DIRECTOR DANA MONSON	0.50	X	-	├	\vdash	┢	<u> </u>	0	0			0
DIRECTOR	0.50	x						О	o			0
LINDA PACKER	0.00											Ť
DIRECTOR	0.50	X	_		<u> </u>	<u> </u>		0	0			0
JILL VOGEL	1 00											_
DIRECTOR ROBIN REINERS	1.00	X	<u> </u>	-	-	├	-	0	0	 		0
DIRECTOR	1.00	x			}			o	o	1		0
LAWRENCE B HELZEL												_
CO VICE PRES	3.00	L		X			_	0	0			0
JEANNE MEYERS	2 00								o			0
CO VICE PRES SARA NELSON	3.00	-		Х			\vdash	0				<u> </u>
TREASURER	2.00			x				o	0			0
TRINA H PETERS												
PRESIDENT	6.00	ļ		X			<u> </u>	0	0			0
GAIL S THORNTON SECRETARY	2.00			x				o	0			0
WILLIAM RYBERG	2.00	┼	-	^	-							<u>~</u>
EXECUTIVE DIRECTOR	40.00					x		102,185	0		2,95	8
1b Total							•	102,185		<u> </u>	2,95	8
2 Total number of individuals (inc	•			ose	liste	d abo	ve)	who received more than \$10	00,000 in			
reportable compensation from t	he organization l	<u> </u>	<u> </u>					· · · · · · · · · · · · · · · · ·			Yes No	_
3 Did the organization list any for	mer officer, direc	ctor c	or tru	stee	, key	emp	oloye	e, or highest compensated				
employee on line 1a? If "Yes," o											3 X	
4 For any individual listed on line the organization and related org												
ındıvidual	· ·							•		<u> </u>	4 X	<u>.</u>
5 Did any person listed on line 1a services rendered to the organi										,	5 X	
Section B. Independent Contracto									··· ·			
Complete this table for your five compensation from the organization.		nsate	d ind	depe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of			
Name and	(A) business address							Descript	(B) uon of services		(C) Compensation	
							├					_
												_
							_					_
2 Total number of independent co	ontractors (includ	lıng t	out n	ot lim	nited	to th	ose	listed above) who received				_
more than \$100,000 in compen		_									0	_
DAA										F	orm 990 (200)9)

Pa	rt V	III Staten	nent of Reve	nue		· · · · · · · · · · · · · · · · · · ·		_	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated can	nnaigns	1a			Tevende		312, 313, 01 314
rant	i	Membership d	. •	1b	· · · · · · · · · · · · · · · · · · ·				
ge.		Fundraising ev		1c	754,236	•			
Program Service Revenue Contributions, gifts, grants and other similar amounts	i	Related organi		1d	,	-			
	i	Government grants		1e	20,190		:		
	_	All other contribution		· ·				-	
	·	and similar amounts		1f	675,663				
ntri	g	Noncash contribution	ns included in lines 1a-		20,801	-			
Co	_	Total. Add line		`	,, ▶	1,450,089			
e					Busn Code				
/en	2a	PERFORM	ING ARTS FEES	3		407,027	407,027		
Re	b		AFT FEES			86,714	86,714		
'ice	c	EDUCATION				67,664	67,664		
Serv	d	VISUAL A	ARTS FEES			18,902	18,902		
E .	е					·			
ogrä	f	All other progra	am service rever	nue					:-
<u> </u>	g	Total. Add line	es 2a–2f		>	580,307			
	3	Investment inc	ome (including d	ıvıdend	s, interest, and				
		other similar a	mounts)		>	45,741			45,741
,	4	Income from in	vestment of tax-	exemp	bond proceeds				
	5	Royalties			<u> </u>				
			(ı) Real		(II) Personal				
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)				•			
	d 7a	Net rental inco Gross amount from			() 0"				
		sales of assets	(i) Securities		(ii) Other	-			
		other than inventory	385	, 345		-			
	b	Less cost or other	276	646					
		basis & sales exps		, 646 , 699		-			
	C	Gain or (loss)		, 099		8,699	8,699		
	d o	Net gain or (los	ss) om fundraising ever	,tc [<u></u>	8,033	0,099		
en.	Va		754,						
ven			eported on line 1c)						
Re		See Part IV, line		a	570,632				
Other Reven	b	Less. direct ex		ь	404,781				
õ			(loss) from fundr	aising 6		165,851	165,851		
			om gaming activities						
		See Part IV, line	19	a	77,000				
	b	Less: direct ex	penses	b[42,110				
	С	Net income or	(loss) from gamı	ng activ	rities	34,890	34,890		
	10a	Gross sales of	inventory, less						
		returns and alle	owances	a					
	b	Less. cost of g	oods sold	ь					
	С	Net income or	(loss) from sales	of inve				-	
		Misc	ellaneous Revenue		Busn. Code	1			
	11a								
	b				<u> </u>				
	С								
ļ	d	All other reven			L	-			
ı	е	Total. Add line			>	0 00 ====	500 575		
	12	Total Revenue	e. See instruction	ıs	<u> </u>	2,285,577	789,747	0	45,741

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).

	All other organizations must		re not required to comple	te columns (B), (C), and (D	
	not include amounts reported on lines 6b, , 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			1	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	44,724	44,724		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	"			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		į		
7	Other salaries and wages	820,376	328,836	123,971	367,569
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	98,836	49,756	18,981	30,099
10	Payroll taxes	52,459	26,393	10,068	15,998
11	Fees for services (non-employees)			, , , , , , , , , , , , , , , , , , ,	
а	Management				
b	Legal	140		140	
С	Accounting	20,848		20,848	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	240,435	150,581	15,331	74,523
12	Advertising and promotion	125,193	67,441	24,339	33,413
13	Office expenses	321,584	127,370	37,339	156,875
14	Information technology	•			
15	Royalties				
16	Occupancy	46,276	30,328	10,251	5,697
17	Travel	41,529	30,328 30,374	4,191	6,964
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	64,752	11,505	53,247	
23	Insurance	19,447	11,563	3,402	4,482
24	Other expenses Itemize expenses not	1		1	
	covered above. (Expenses grouped together			I	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	ARTIST/LECTURE FEE	328,171	328,171		
b	BANK CHARGES	84,781	42,420	7,009	35,352
С	EQUIPMENT RENTAL	47,908	44,789	242	2,877
d	ARTIST/LECTURE ENTERT	35,082	34,485		597
е	REPAIRS/MAINTENANCE	21,764	9,226	7,557	4,981
f	All other expenses	114,259	79,019	3,245	31,995
25	Total functional expenses.Add lines 1 through 24f	2,528,564	1,416,981	340,161	771,422
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				
DAM					Form 990 (2009)

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
1	1 (Cash—non-interest bearing			783	1	22,828
	2	Savings and temporary cash investments			952,737	2	847,436
	3	Pledges and grants receivable, net			697,579	3	505,863
	4	Accounts receivable, net			30,287	4	54,446
	5	Receivables from current and former officers, directors, tr	ustees	, key			
		employees, and highest compensated employees. Comp	lete Par	rt II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined u	ınder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(E					
		Part II of Schedule L	•			6	
<u>بري</u>		Notes and loans receivable, net				7	
ŭΙ		Inventories for sale or use				8	
Ϋ́		Prepaid expenses and deferred charges			246	9	246
- 1		Land, buildings, and equipment cost or	İ			-	
'		other basis Complete Part VI of Schedule D	10a	4,368,056			
		Less accumulated depreciation	10b	700,052	3,716,354	10c	3,668,004
1		Investments—publicly traded securities	[100	700,032	923,055	11	965,004
1		Investments—other securities See Part IV, line 11			323,033	12	303,004
		•		-		13	
11		Investments—program-related See Part IV, line 11					
10		Intangible assets	1,174,809	14	1,213,171		
11		Other assets See Part IV, line 11		-	7,495,850	15	7,276,998
11		Total assets. Add lines 1 through 15 (must equal line 34)			44,360	16	38,188
1		Accounts payable and accrued expenses	44,500	17	30,100		
11		Grants payable		-	42,312	18	18,902
11		Deferred revenue		}	42,312	19	10,902
20		Tax-exempt bond liabilities		}		20	<u> </u>
Liabilities		Escrow or custodial account liability Complete Part IV of		ile D		21	
≝ 2:		Payables to current and former officers, directors, trustee					
ap		employees, highest compensated employees, and disqua	lified				
_ .		persons Complete Part II of Schedule L		-		22	
2		Secured mortgages and notes payable to unrelated third	•	-		23	
2		Unsecured notes and loans payable to unrelated third pai	ties	-		24	
2		Other liabilities Complete Part X of Schedule D			06 670	25	
20		Total liabilities. Add lines 17 through 25	=		86,672	26	57,090
es		Organizations that follow SFAS 117, check here 🕨 🛭	and				
일		complete lines 27 through 29, and lines 33 and 34.				1	
[2		Unrestricted net assets			5,732,435		5,590,905
m 2	8	Temporarily restricted net assets			1,652,701	28	1,604,487
[2]	9 1	Permanently restricted net assets	,-		24,042	29	24,516
교	(Organizations that do not follow SFAS 117, check her	e ▶	_			
ا ة	ě	and complete lines 30 through 34.					
Net Assets or Fund Balances	0 (Capital stock or trust principal, or current funds		Ĺ		30	
S 3.	1 [Paid-in or capital surplus, or land, building, or equipment	fund			31	
Y 32	2 F	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
₩ 33	3	Total net assets or fund balances			7,409,178	33	7,219,908
Ž 3	4	Total liabilities and net assets/fund balances			7,495,850	34	7,276,998

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization

SUN VALLEY CENTER FOR THE ARTS, INC Employer identification number

23-7113276 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III–Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of rganization in col the organization in organization (described on lines 1-9 in col (i) listed in your support col (i) of your (I) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes No Yes No No

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

٠. SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization 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)▶ (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 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

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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

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.)

Ca	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,521,206	3,161,811	2,815,442	1,742,215	1,450,089	12,690,763			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,262,204	991,034	1,096,081	780,801	1,227,939	5,358,059			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_					
6	Total. Add lines 1 through 5	4,783,410	4,152,845	3,911,523	2,523,016	2,678,028	18,048,822			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	603,261	499,497	809,872	656,083	492,531	3,061,244			
b	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the					44 070	44.070			
_	amount on line 13 for the year Add lines 7a and 7b	603,261	499,497	809,872	656,083	44,278 536,809	3,105,522			
с 8	Public support (Subtract line 7c from	603,261	499,497	809,872	636,083	336,809	3,103,322			
0	line 6)	1					14,943,300			
Sec	tion B. Total Support	tt.					, , ,			
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6	4,783,410	4,152,845	3,911,523	2,523,016	2,678,028	18,048,822			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,120	92,331	58,464	19,931	45,741	288,587			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b	72,120	92,331	58,464	19,931	45,741	288,587			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,735	292	806	103,937		113,770			
13	Total support. (Add lines 9, 10c, 11,					0 700 700	10 /51 /55			
	and 12)	4,864,265	4,245,468	3,970,793		2,723,769	18,451,179			
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	econa, inira, iourii	i, or min tax year a	s a secuon son(c)(.)	▶ □			
Sec	tion C. Computation of Public Su									
15	Public support percentage for 2009 (line 8,	· • · · · · · · · · · · · · · · · · · ·		f))		15	80.99%			
16	Public support percentage from 2008 Schei	• • •		,,		16	83.54%			
Sec	tion D. Computation of Investmer									
17	Investment income percentage for 2009 (lin	ie 10c, column (f) di	vided by line 13, co	olumn (f))		17	2 %			
18	Investment income percentage from 2008 S	Schedule A, Part III,	line 17			18	2 %			
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									
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	•	=				▶ X			
~	line 18 is not more than 33 1/3 %, check thi						▶ □			
20	Private foundation. If the organization did	•	=				<u> </u>			

Schedule A (Form 990 or 990-EZ) 2009 SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276

Page 4

Part IV 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.

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME

113,770

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

inspection

Name of the organization Employer identification number SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		CENTER FOR			3-1113210		·	Page ∠
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Treasu	ires, or Ot	her Similar As	sets	(continue	d)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following	that are a sigr	nificant use of its			
а	Public exhibition	d Loan	or exchange program	ıs				
b	Scholarly research	e Othe	r					
С	Preservation for future generations	<u></u>		. – – –				
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	hey further the organiz	ation's exemp	ot purpose in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be						Yes	∏ No
Pa	rt IV Escrow and Custodial Arrar				ered "Yes" to F	orm 99		1 110
	IV, line 9, or reported an amo	_	-					
1a	Is the organization an agent, trustee, custodian			assets not				
	included on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table					
_	roo, explain are energement and any are	a complete the following				1	Amount	··· <u>-</u>
c	Beginning balance				1c			
	Additions during the year				1d	· † · · · · · ·		
9	Distributions during the year				1e	1		
f	Ending balance				1f			
	Did the organization include an amount on Form	990 Part X line 212					Yes	No
	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , , ,						140
	rt V Endowment Funds. Comple	te if organization a	nswered "Yes" to	Form 990). Part IV. line	10.		
		(a) Current year	(b) Prior year	(c) Two year			(e) Four y	ears back
1a	Beginning of year balance	950,856	23,420					
b	Contributions	474	932,058					
	Net investment earnings, gains,	<u> </u>	,			***************************************		
·	and losses	84,012	40,579					
d	Grants or scholarships						†	······································
	Other expenditures for facilities							
·	and programs	45,823	45,201					
f	Administrative expenses	10,525	10,101					
g	End of year balance	989,519	950,856					
2	Provide the estimated percentage of the year er	· · · · · · · · · · · · · · · · · · ·	300,000	L			<u>. </u>	
	Board designated or quasi-endowment	97.50 %						
	Permanent endowment ▶2.50 %	<u></u>						
	Term endowment ▶ %							
	Are there endowment funds not in the possession	on of the organization the	at are held and adminis	stered for the				
	organization by	or the organization the		310100 101 1/10			ſv	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the or						<u> </u>	I
Pa	rt VI Investments—Land, Buildin			Part X lii	ne 10			
	Description of investment	(a) Cost or other basis	(b) Cost or oth		(c) Accumulated	\neg	(d) Book va	lue
	, F	(investment)	basis (other)		depreciation		(4) 200 14	
12	Land		2,650	986			2,650	986
	Buildings	 		,440	277,20	14		5,236
	Leasehold improvements			,650	67,57			1,077
	Equipment			,980	355,27			705
	Other		101	, , , , ,	333,21		- 30	,,,,,,
	. Add lines 1a through 1e (Column (d) must equa	al Form 990 Part X colu	mn (R) line 10(c) \				3,668	3 004
100	. And mies to unough te (Column (a) must eque	ar i orini əəo, Fart A, COIC	(U), mile 10(C)				2,000	,,004

Schedule D (Form 990) 2009

Schedule D (F	orm 990) 2009 SUN VALLEY CENTER FOI		23-7113276	Page 3
Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuat	
	(including name of security)		Cost or end-of-year mark	et value
Financial deriv				
Closely-held e	quity interests			
Other				- <u> </u>
		_		
		_		
	 	_		
	. 			
		-		
		-		
	. – – – – – – – – – – – –	-		
Total (Column	n /h) must squal Form 000 Part V sql (P) line 12)	•		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 9			<u></u>
Tall VIII	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
	(a) Description of involution type	(5) 5500 15.55	Cost or end-of-year mark	
				-
Totai. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
	CONSTRUCTION IN PROGRE	iss		1,209,822
	INTEREST RECEIVABLE			3,349
				· .
	 			
Total (Column	n (b) must equal Form 990, Part X, col (B) line 15)		-	1,213,171
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1.	(a) Description of liability	(b) Amount		•
Federal incom	e taxes			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25)	<u> </u>		
2. FIN 48 Fo	otnote In Part XIV, provide the text of the footnote to the organ	nızation's financıal statements th	at reports the	

organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 990, Part IX, column (A), line 25) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (defict) for the year Subtract line 2 from line 1 3 A Net unrealized gains (losses) on investments 4 A Donated services and use of facilities 5 Donated services and use of facilities 6 Prior peniod adjustments 8 Oher (Desorbe in Part XIV) 8 Oher (Desorbe in Part XIV) 8 Oher (Desorbe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (defict) for the year per audited financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 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 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Add lines 2 through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Desorbe in Part XIV) c Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Desorbe in Part XIV) c Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part II, line 7b b Other (Desorbe in Part XIV) c Add lines 2 and fore financial statements 2 Amounts included on line 1 but not on Form 990, Part II, line 12) 5 Donated Services and use of facilies b Pror year adjustments 2 Lines from 1 and 1 and 1 and 1 and 1 and 1 and 2 and 3 and 4 and 4 and 4 and 4 and 4 and 4 and 4 and 4 and 5 and	CIN VALLEY CENTED FOR THE	ue ando tag 22 71	12076	_
1 Total revenue, (From 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 3 A Net unrealized gains (losses) on investments 4 A Constitution of a facilities 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments (rich) Add lines 4 through 8 9 Total adjustments (rich) Add lines 4 through 8 9 Total adjustments (rich) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 10 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Donated services and use of facilities 2 Constitution of the Part XIV Constitution of facilities (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facilities) (Constitution of facili				Page
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3 Excess or (defict) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Contacts services and use of facilities 6 Investment expenses 6 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 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 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 c Recoveries of prior year grants d Other (Describe in Part XIV) 2 Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 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 1 Total expenses and loses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 b Prior year adjustments 2 Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 b Prior year adjustments 2 Donated services and use of facilities 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 15, 5, and 9, Part III, lines 11 and 4, Part IV, lines 15 and 2b; Part XIV, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS				
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 7 Prior period adjustments 8 7 Prior period adjustments 9 Total adjustments (net) Add lines 4 through 8 9 Total adjustments (net) Add lines 4 through 8 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 Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Net unrealized gains on investments 4 Donated services and use of facilities 6 Checoveries of prior year grants 6 Cher (Describe in Part XIV) 9 Add lines 2a through 2d 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 2 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Donated services and use of facilities 2 Amounts included on from 990, Part IX, line 25 2 Donated services and use of facilities 2 Describe in Part XIV) 2 Donated services and use of facilities 3 Describe in Part XIV) 4 Describe in Part XIV) 4 Describe in Part XIV) 5 Donated services and use of facilities 5 Describe in Part XIV) 6 Add lines 2a through 2d 7 Describe in Part XIV) 7 Describe in Part XIV) 8 Describe in Part XIV (Inter 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d			 	
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8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (defictil) for the year per audited financial statements Combine lines 3 and 9 10 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 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 c Recovenes of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part III, line 12) 5 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 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 (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4, Part IV, lines 1b and 2b; Part X III ne 4, Part X III ne 2, Part X III, line 8, Part XIII, lines 2d and 4b Also complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part X III ne 4, Part X III ne 2, Part X III ne 8, Part X III ne 9 Total expenses Add Inance A and 4b Also complete this part to provide an	7 Prior period adjustments		7	
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b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part X, 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 part to provide any additional information PART V, LINE 4 – INTENDED USES FOR ENDOWMENT FUNDS		42		
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5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS	·	40		
Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS		18 \		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS		10),	<u> </u>	
	Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and P this part to provide any additional information	art XIII, lines 2d and 4b Also complete		
THE BOARD DESIGNATED ENDOWMENT FUND CAN BE USED FOR ANY PURPOSE WHICH			URPOSE_WHIC	H
SUPPORTS THE MISSION OF THE CENTER.	SUPPORTS THE MISSION OF THE CENTER.			·

THE PERMANENT ENDOWMENT IS FOR MAINTENANCE OF THE NEW BUILDING THAT HAS NOT

BEEN CONSTRUCTED YET.

Schedule D (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047 Open To Public

Inspection Name of the organization Employer identification number SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (I) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (I) Yes No

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part If more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WINE AUCTION NONE (add col (a) through (total number) col (c)) (event type) (event type) Revenue 1,324,868 1,324,868 Gross receipts Less Charitable 754,236 754,236 contributions Gross revenue (line 1 570,632 570,632 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 404,781 404,781 Other direct expenses 404,781 10 Direct expense summary Add lines 4 through 9 in column (d) 165,851 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (Add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 77,000 77,000 Gross revenue Cash prizes 2 Direct Expenses 42,110 42,110 Noncash prizes Rent/facility costs Other direct expenses 30.00 % X Yes Yes Yes X X Volunteer labor No No No 6 42,110 Direct expense summary Add lines 2 through 5 in column (d) 34,890 Net gaming income summary Combine line 1, column d, and line 7 Yes No ID Enter the state(s) in which the organization operates gaming activities X Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain X 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain X Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming?

DAA

Sche	edule G (Form 990 or 990-EZ) 2009 SUN VALLEY CENTER FOR	THE	ARTS,	INC	23-711327	76	F	age 3
	•			,			Yes	No
13	Indicate the percentage of gaming activity operated in							
а	· 3			13a				
b	•			13b	100.00 %	4		
14	Provide the name and address of the person who prepares the organization's gaming/s and records	pecial ev	ents books					
	Name SUN VALLEY CENTER FOR THE ARTS PO BOX 656							
	Address SUN VALLEY			ID	83353			
15a	Does the organization have a contract with a third party from whom the organization recrevenue?	eives ga	ming			15a		x
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$			and	the			
С								
	Name ▶							
	Address ►							
16	Gaming manager information.							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gair retain the state gaming license?	ming pro	ceeds to			17a	х	
b		nanizatio	ne or enent			1/d	A	_
		4,89						
		,	·	Sch	edule G (Form 99	0 or 99	0-EZ)	2009

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

INC

SUN VALLEY CENTER FOR THE ARTS,

General Information on Grants and Assistance

Part I

OMB No 1545-0047

Open to Public Inspection 2009

Employer identification number 23-7113276

. 2	the se Descri	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nce? nitoring the use of	grant funds	in the United States			5		° X
Pa	Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that re) if additional a	id Organ eceived r space is	Organizations in the United States. Complete if the organization answered "Yes" to served more than \$5,000. Check this box if no one recipient received more than \$5,0 pace is needed	ited States. Com . Check this box i	plete if the org if no one recipi	janization ans lent received r	wered "Yes" to nore than \$5,000. Us	 ⊕
-		(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									: :	
1	Enter	Enter total number of section 501(c)(3) and government organizations	organizations							
က	Enter	Enter total number of other organizations							A	

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009 SUN VALLEY CENTER FOR THE ARTS, INC 23-7113276

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

Page 2

	Social So	(1 OIIII 000) II additi	בומו סלמכני וס וומנימנים	_		
ت	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLA	SCHOLARSHIPS	28	44,724			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I	line 2, and any other addi	tional information.

Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number
23-7113276

Part I	Excess Benefit Transactions (sector Complete if the organization answered "Yes" of							40h					
		JIT OIII	1 330, 1	art IV, line	238 01 230, 01			+00			(c) (Correct	ted?
_1 	(a) Name of disqualified person		(b) Description of transact			on of transaction				Yes	1	lo	
							· · · · · · · · · · · · · · · · · · ·					1	
													
												+	
										-	 	\dashv	
		-											
under s	ne amount of tax imposed on the organization ma section 4958	_	•	·	sons during th	e year		▶ \$					
	ne amount of tax, if any, on line 2, above, reimbur			anization				<u></u> \$			===		
Part II	Loans to and/or From Interested P Complete if the organization answered "Yes" of			Part IV Ime	26 or Form 9	90-F7 Part \	/. line 38a						
	(a) Name of interested person and purpose		oan to m the	(c) C	Original al amount	Ĭ T	lance due	(e) In (default?	(f) App	ard or	(g) W agree	
		То	From			•		Yes	No	Yes	No	Yes	No
													
		-					_		<u> </u>				
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						<u> </u>							
-		-											
						<u> </u>			L	 	\Box		
Part III	Grants or Assistance Benefitting li	nteres	ted P	ersons									
	Complete if the organization answered "Yes" of												
(a) Name of interested person								t and ty	nd type of assistance				
				+									
Part IV	Business Transactions Involving Is Complete if the organization answered "Yes" of				28a, 28b, or 2	8c							
-	(a) Name of interested person	(b) I	Relations	ship between erson and the	(c) Aı	mount of saction	(d) Descri	ption o	of trans	action		(e) Si of o	
			organı									Yes	_
SEGO			ECTO			13,472							X
CIRO RES	TAURANT	DIR	ECTO	к	-	5,086	CATERING	-					Х
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE CENTER'S MISSION IS TO PROVOKE AND STIMULATE THE IMAGINATION WHILE OPENING HEARTS AND MINDS THROUGH EXCELLENSE IN DIVERSE ARTS PROGRAMMING. THIS IS DONE BY OFFERING EXHIBITIONS, LECTURES, CLASSES AND PERFORMING ARTS EVENTS THAT TOUCH ON ISSUES RELEVANT TO OUR TIMES AND BY BRINGING SOME OF THE WORLD'S MOST INTERESTING ARTISTS, WRITERS AND THINKERS TO OUR SMALL COMMUNITY IN CENTRAL IDAHO.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS THE CENTER GRANTS SCHOLARSHIPS TO BLAINE COUNTY HIGH SCHOOL AND COLLEGE STUDENTS AND TEACHERS FOR THE STUDY OF THE ARTS AND HUMANITIES. THE CENTER ALSO OFFERS SCHOLARSHIPS TO ART CLASSES OFFERED THROUGH THE CENTER.

THE CENTER ALSO HOLDS ONE OF THE COUNTRY'S TOP RANKED ARTS & CRAFTS FESTIVALS WHICH FEATURES 130 ARTISTS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS JACK THORNTON GAIL S. THORNTON

DIRECTOR

DIRECTOR

HUSBAND/WIFE

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number 23-7113276

THE CONTROLLER AND EXECUTIVE DIRECTOR REVIEW THE 990 AND THEN IT IS REVIEWED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST STATEMENT AT THE BEGINNING
OF EVERY FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE DETERMINES THE EXECUTIVE DIRECTORS SALARY. THEY

REVIEWED DATA PROVIDED BY A SEARCH FIRM.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER STATE LAW

STATE DISTRIBUTION AMOUNT

IDAHO

\$ 34,890

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Identifying number

SUN VALLEY CENTER FOR THE ARTS. INC 23-7113276 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 R Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 7,415 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 56,053 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 950 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period only-see instructions) service 19a 3-year property 2,955 5.0 HY S/L 296 b 5-year property 535 7.0 HY S/L 38 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs. MM property ММ S/L 27 5 yrs ММ Nonresidential real 39 yrs S/L property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year ММ S/L C 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 64,752 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23