

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493135059002

Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public

Part	A For		ervice File organization may no				Inspection
Doing Bourness As Telephone number SF-0599829			C Name of organization	nning 07-01-2010 and ending 06-30-20	11	D Employer	identification numbe
Doing Business As Number and street (or P. 0. hox if mail is not delivered to street address) L20 MORRS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DeVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F. Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 H(b) Are all affiniates included? If Yes I'N If 'No,' attach a list (see instructions) H(c) Group exemption number I'ves I'N Summary Briefly describe the organization's mission or most significant activities SUPPORTING THE ARTS IN DURHAM AND THE TRIANGLE REGION IN NORTH CAROLINA Check this box I'r if the organization discontinued its operations or disposed of more than 25% of its net assets Number of independent voting members of the governing body (Part VI, line 1a) Summary Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in calendar year 2010 (Part V, line 2b) Total number of individuals employed in c	-	ck ıf appl ess chan	DURHAM ARTS COUNCIL INC			. ,	
Number and street (or P O box if mail is not delivered to street address) City or town, state or country, and ZIP + 4 DURHAM, NC 27701 F Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 F Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) H(c) Group exemption number ► If "No," attach a list (see instructions) H(c) Group exemption number ► Summary Simply describe the organization's mission or most significant activities SUPPORTING THE ARTS IN DURHAM AND THE TRIANGLE REGION IN NORTH CAROLINA Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) I otal number of individuals employed in calendar year 2010 (Part V, line 2a) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business revenue from Part VIII, column (C), line 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 74) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), lines 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) Other exercise of Part IX, column (A), lines 1-14, line 1-		ne change	Doing Business As				
The prediction of the product of th		al return					
F Name and address of principal officer SHERRY L DEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 pt status		nınated		if mail is not delivered to street address)	Room/suite	(919)560	0-2709
F Name and address of principal officer SHERRY LDEVRIES 120 MO RRIS STREET NO 100 DURHAM, NC 27701 Total number of voting members of the governing body (Part VI, line 1a)		nded ret	DURHAM, NC 27701	and ZIP + 4		G Gross receip	ots \$ 1,818,256
SHERRY LDEVRIES 120 MORRIS STREET NO 100 DURHAM, NC 27701 Intitiatus	Appii	ication pe			1		
DURHAM,NC 27701 A call all affinites microled / Yes N If "No," attach a list (see instructions) If				principal officer	H(a) Is this a	group return for affil	ıates? Yes ✓ No
## Sol(c)(3) Sol(c)()				0 100			, ,
Summary Seriefly describe the organization's mission or most significant activities SUPPORTING THE ARTS IN DURHAM AND THE TRIANGLE REGION IN NORTH CAROLINA Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)	Tax	-exempt	status 501(c)(3) 501(c) ()	◀ (insert no)	H(c) Grou	p exemption n	umber ►
Briefly describe the organization's mission or most significant activities SUPPORTING THE ARTS IN DURHAM AND THE TRIANGLE REGION IN NORTH CAROLINA Check this box If if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)	We	bsite: l	► WWW DURHAMARTS ORG				
Briefly describe the organization's mission or most significant activities SUPPORTING THE ARTS IN DURHAM AND THE TRIANGLE REGION IN NORTH CAROLINA Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)	orm	of organ	nization Corporation Trust Assoc	ation	L Year of for	mation 1996	M State of legal domic
Check this box							
Number of voting members of the governing body (Part VI, line 1a)				_	RTH CAROLIN	IA	
Number of independent voting members of the governing body (Part VI, line 1b)		2 Ch	neck this box 🔭 if the organization	n discontinued its operations or disposed	of more than 2	5% of its net a	assets
Total number of individuals employed in calendar year 2010 (Part V, line 2a)			'			1	<u> </u>
Total number of volunteers (estimate if necessary)		4 Nu	ımber of ındependent votıng membe	ers of the governing body (Part VI, line ${f 1}$	b)	4	
Total unrelated business revenue from Part VIII, column (C), line 12		5 To	tal number of individuals employed	ın calendar year 2010 (Part V, line 2a)		5	
Net unrelated business taxable income from Form 990-T, line 34		6 To	tal number of volunteers (estimate	ıf necessary)		6	
Contributions and grants (Part VIII, line 1h)							
Contributions and grants (Part VIII, line 1h)	\dashv	b Ne	et unrelated business taxable incon	ne from Form 990-T, line 34	<u> </u>		
Program service revenue (Part VIII, line 2g)		_			Prior		
Investment income (Part VIII, column (A), lines 3, 4, and 7d)			- '		•		· · · · · · · · · · · · · · · · · · ·
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,691,457 1,743,59 Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 74,283 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 972,152 1,007,65					•		
12)		_			ne	191,470	23
Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶74,283 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 972,152 183,941 181,59	\perp		_			1,691,457	1,743
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)						183,941	181
5-10) Professional fundraising fees (Part IX, column (A), line 11e)						0	
Professional fundraising fees (Part IX, column (A), line 11e)				loyee benefits (Part IX, column (A), lines		572,674	571
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			•	IX, column (A), line 11e)			
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-						
						972,152	1,007
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,728,767 1,760,44						1,728,767	1,760
		19	Revenue less expenses Subtract I	ine 18 from line 12		-37,310	-16
Revenue less expenses Subtract line 18 from line 12	EBC 68						End of Year
Reginning of Current	#	20	Total assets (Part X, line 16) .			571,100	546
Beginning of Current Year End of Year	1	21	Total liabilities (Part X, line 26) .			431,140	399
Beginning of Current Year End of Year Total assets (Part X, line 16)	E 2			act line 21 from line 20		139,960	146
Total assets (Part X, line 16) End of Year Total liabilities (Part X, line 26) 571,100 546,16 Net assets or fund balances 431,140 399,31 146,84							
Figure 2016							
							End of Year
Beginning of Current Fnd of Year							
Beginning of Current Year End of Year	- '						
Total assets (Part X, line 16)	2		Net assets or fund balances Subtr	act line 21 from line 20		139,960	146
Beginning of Current Year End of Year Total assets (Part X, line 16)	2	22					
Beginning of Current Year End of Year Total assets (Part X, line 16)	Fund B	22					
Total assets (Part X, line 16)	Pari owle owle	penaltie edge and	es of perjury, I declare that I have exa d belief, it is true, correct, and compl		cer) is based on a	all information of	
Total assets (Part X, line 16)	Pari der owle owle	penaltie edge and edge.	es of perjury, I declare that I have exad belief, it is true, correct, and compl	ete. Declaration of preparer (other than offic	cer) is based on a	all information of	
Total assets (Part X, line 16)	Pari der owle owle	penaltie edge and edge.	es of perjury, I declare that I have exa d belief, it is true, correct, and complosition. Signature of officer SHERRY L DEVRIES EXECUTIVE DIRECT	ete. Declaration of preparer (other than offic	cer) is based on a	all information of	
Total assets (Part X, line 16)	Pari der owle owle	penaltie edge and edge.	es of perjury, I declare that I have exad belief, it is true, correct, and complete. Signature of officer SHERRY L DEVRIES EXECUTIVE DIRECTORY Type or print name and title	ete. Declaration of preparer (other than office	20 Da	12-05-11 te	of which preparer ha
Total assets (Part X, line 16)	Pari owle owle gn ere	penaltie edge and edge.	Signature of officer SHERRY L DEVRIES EXECUTIVE DIRECTOR Type or print name and title int/Type eparer's name	OR Preparer's signature	20 Date	12-05-11 te Check if self	of which preparer ha
Total assets (Part X, line 16)	Pari nder nowle nowle ign ere	penaltie edge and edge.	Signature of officer SHERRY L DEVRIES EXECUTIVE DIRECTOR Type or print name and title int/Type eparer's name	OR Preparer's signature	20 Date	12-05-11 te Check if self	of which preparer ha
Total assets (Part X, line 16)	Pari nder lowle owle ign ere	penaltie edge and edge.	Signature of officer SHERRY L DEVRIES EXECUTIVE DIRECTOR Type or print name and title Int/Type eparer's name JOHNSON LAMBERT & CO LLE	OR Preparer's signature	20 Date	12-05-11 te Check if self	PTIN Firm's EIN

. 5111				raye
Par		am Service Accomplishments tains a response to any question in this	Part III	
1	Briefly describe the organizatio	n's mission		
		CCESS IN THE CREATION, EXPERIEN OF DURHAM, NORTH CAROLINA	ICE AND ACTIVE SUPPORT OF TH	E ARTS FOR ALL THE
2	Did the organization undertake at the prior Form 990 or 990-EZ?	any significant program services during		┌ Yes ┌ No
	If "Yes," describe these new ser	vices on Schedule O		
3	services?	ucting, or make significant changes in	now it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these change	s on Schedule O		
4	Section 501(c)(3) and 501(c)(4	thievements for each of the organization organization organizations and section 4947(a)(1 xpenses, and revenue, if any, for each page 1) trusts are required to report the am	
4a	(Code) (Expe	enses \$ 677,627 including grant	s of \$) (Revenue \$	118,845)
	ORGANIZATIONS, AND COMMUNITY OF STUDIOS AND CLASSROOMS FOR THE	RVICE - DAC MANAGES AND PROGRAMS THE DA ROUPS IN HISTORIC DOWNTOWN DURHAM DA ARTS COMMUNITY AND THE PUBUC 7 DAYS A V D 307,162 VISITORS AND PROGRAM PARTICIPAL	C PROGRAMS ITS EXHIBITION GALLERIES, TH VEEK IN FISCAL YEAR 2010-11, DAC PRODU	EATRES, REHEARSAL SPACES,
	(Code) (Expe	enses \$ 514,261 including grant	s of \$) (Revenue \$	438,151)
40	ARTS EDUCATION PROGRAMS - DURI CHILDREN AND ADULTS, AND 10 WEE	IAM ARTS COUNCIL'S ARTS CENTER SCHOOL PR KS OF YOUTH ARTS CAMPS ADDTIONALLY, THE SCHOOLS AND COMMUNITY SITES IN FISCAL YEA	OVIDES ARTS EDUCATION THROUGH NEARLY DAC CREATIVE ARTS IN THE PUBLIC/PRIVAT	600 CLASSES ANNUALLY FOR E SCHOOLS PROGRAM (CAPS)
4c	(Code) (Expe	enses \$ 430,745 including grant	s of \$ 181,598) (Revenue \$	79,740)
	FURTHER THE ARTISTIC COMMUNITY EVENT, FEATURING OVER 200 PERFO	S ORGANIZATIONS AND ARTISTS - DAC PROVIDI IN THE DURHAM AREA DAC PRODUCES CENTE RMERS IN 26 PERFORMING GROUPS, AND 124 V DAC PRODUCES DURHAM ART WALK TO SUPPOR	RFEST ARTS FESTIVAL, DURHAM'S LARGEST /ISUAL ARTISTS FROM ACROSS THE US, SHO	CULTURAL AND COMMUNITY WCASING THEIR CREATIONS FOR
4d	Other program services (Desc	ribe in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expense	s► \$ 1,622,633		
				Form 990 (2010

Part 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\square}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
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 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 96			
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 reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
,	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Νo
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
I	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
1	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
•	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Cross unsame from members or shareholders			
	Gross income from other sources (Do not not amounts due or paid to other sources			
,	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
,	If "Yes." has it filed a Form 7.20 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI										٠,	7
---	--	--	--	--	--	--	--	--	--	----	---

Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
	-	-		NO
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
Ь	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	165	
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	163	
	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		Νο
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	The to line 150 of 155, describe the process in Schedule 5 (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NC			
			-	

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SHERRY DEVRIES

120 MORRIS STREET DURHAM, NC 27701 (919) 560-2709

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi	((C) (che	ck a			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) EDDIE BLOUNT PRESIDENT	5 00	х		х				0	0	0
(2) MIKE WOODARD VICE PRESIDENT	2 00	х		х				0	0	0
(3) VANDANA DAKE VICE PRESIDENT	2 00	х		х				0	0	0
(4) CYNTHIA BRODHEAD SECRETARY	2 00	х		Х				0	0	0
(5) TUCKER BARTLETT TREASURER	2 00	Х		Х				0	0	0
(6) DIANE BONNER BOARD MEMBER	1 00	Х						0	0	0
(7) DAN ELLISON BOARD MEMBER	1 00	Х						0	0	0
(8) LUCY GRANT BOARD MEMBER	1 00	Х						0	0	0
(9) KAY GRESHAM BOARD MEMBER	1 00	Х						0	0	0
(10) BRENDA HOWERTON BOARD MEMBER	1 00	Х						0	0	0
(11) SYLVIA LEGOFF BOARD MEMBER	1 00	х						0	0	0
(12) RONNIE LILLY BOARD MEMBER	1 00	Х						0	0	0
(13) RHONDA PARKER BOARD MEMBER	1 00	х						0	0	0
(14) NORMA PETWAY BOARD MEMBER	1 00	х						0	0	0
(15) KEN KERNODLE BOARD MEMBER	1 00	х						0	0	0
(16) SHERRY DEVRIES EXECUTIVE DIRECTOR	50 00			х				93,935	0	9,206

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(tion that a			11		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima imount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganızatı relatı organıza	the on and ed
											_		
1b	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			+		
С	Total from continuation sheets						 -						
d) who	93,935	0			9,206
2	Total number of individuals (incl \$100,000 in reportable compen					tea	above) WIIC	received more tha	П			
3	Did the organization list any for	mer officer direc	stor or t	truc ta	aa k	AV 6	mploy	99 0	ur highest compens	ated employee		Yes	No
,	on line 1a? If "Yes," complete Sci					- ·	pioy •	•		· · ·	3		No
4	For any individual listed on line organization and related organiz individual										4		No
5	Did any person listed on line 1a services rendered to the organiz		-				-		=	or individual for •	5		No
	ction B. Independent Con	tuactors										•	
1	Complete this table for your five \$100,000 of compensation from	hıghest compei		ındep	ende	ent o	contra	ctors	that received mor	e than			
		(A) me and business ad							Desci	(B) option of services		(C Comper	
											\downarrow		
	Fotal number of independent cont \$100,000 in compensation from	•	_	ot lir	nıted	d to	those	liste	d above) who receiv	ved more than			

art v	7777	Statement of Dougan					•	age 9
	/1111	Statement of Reven	ue		(A) Total revenue	or		(D) Revenu exclude from tax under section
								512, 513, oi 514
\$ E	1a	Federated campaigns	1a					
and other similar amounts	b	Membership dues	. 1b					
″ີ່€	c	Fundraising events	1c					
, ₹	d	Related organizations	. 1d					
<u>:</u> ≣		Government grants (contributions)		693,616				
<u>.</u>	_			395,537				
£	Т	All other contributions, gifts, grant similar amounts not included abov	s, and 1f e					
ğ	g	Noncash contributions included in	lines 1a-1f \$	104,724				
a	h	Total. Add lines 1a-1f			1,089,153			
<u>e</u>				Business Code				
Program Serwoe Revenue	2a	TUITION & CLASS FEES		900099	332,436	332,436		
22		FACILITY FEES		900099	160,633			
15e		PARTNER PROGRAMS		900099	106,172			
<u> </u>	d : e	ADMISSIONS		900099	14,321	14,321		
<u> </u>		 All other program service re						
≥	•	An other program service re	venue					
<u>*</u>	g	Total. Add lines 2a-2f .			613,562			
	3	Investment income (includi	ng dıvıdends, ınterest					
	4	and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		9,575			9,5
			(ı) Real	(II) Personal				
		Gross Rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
Ī			(ı) Securities	(II) O ther				
		Gross amount from sales of assets other than inventory	82,792					
		Less cost or other basis and	74,223	440				
	_							
		sales expenses						I
	c	sales expenses Gaın or (loss)	8,569	-440	0.420			0.4
-	c d	sales expenses Gain or (loss) Net gain or (loss)		-440	8,129			8,1
	c d 8a	sales expenses Gaın or (loss)	ing events	-440	8,129			8,1
	c d 8a	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrais (not including \$ of contributions reported on	ing events	-440	8,129			8,1
	c d 8a	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrais (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses	Ing events Ine 1c) a b	-440	8,129			8,1
	c d 8a b	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fu	Ing events line 1c) a b ndraising events		8,129			8,1
	c d 8a b c 9a	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	Ing events line 1c) a b ndraising events	a	8,129			8,1
	c d 8a b c 9a b	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrais (not including of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from furous from gaming and the contributions.	Inne 1c) a b ndraising events		8,129			8,1
-	c d 8a b c 9a b c c	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fu Gross income from gaming a Less direct expenses Net income or (loss) from gaming a	Inne 1c) a b ndraising events	a	8,129			8,1
-	b c 9a b c 10a	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fu Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities	a	8,129			8,1
-	b c 9a b c	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fu Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, lese returns and allowances Less cost of goods sold	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities	a	8,129			8,1
-	b c 9a b c	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities	a b	8,129			8,1
	b c 10a	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fu Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities a b ales of inventory b	a b Business Code				8,1
	c d 8a 8b c 9a b c 10a b c c	sales expenses Gain or (loss) Net gain or (loss) Oross income from fundraisi (not including ———————————————————————————————————	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities a b ales of inventory b	Business Code 900099	12,930	12,930		8,1
	b c 10a b c 11a b c	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities a b ales of inventory b	Business Code 900099 900099	12,930 6,863	12,930 6,863		8,1
	b c 9a b c 10a b c c	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	Ine 1c) a b ndraising events activities See Part IV, line 19 aming activities b ales of inventory b	Business Code 900099	12,930	12,930 6,863		8,1
	b c 10a b c c d d	sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	Inne 1c) a b ndraising events activities See Part IV, line 19 aming activities	Business Code 900099 900099	12,930 6,863	12,930 6,863 3,381		8,1

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	181,598	181,598		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,142	97,306	4,704	1,132
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	368,601	347,747	16,809	4,045
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	5,650	5,330	258	62
9	Other employee benefits	55,037	51,923	2,510	604
10	Payroll taxes	38,764	36,571	1,768	425
а	Fees for services (non-employees) Management				
b	Legal	126	101	25	
c	Accounting	116,232	92,985	23,247	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,364	6,291	73	
g	Other	202,043	146,457	1,501	54,085
12	Advertising and promotion	136,279	136,227	52	
13	Office expenses	179,696	173,210	1,281	5,205
14	Information technology	41,056	27,769	5,222	8,065
15	Royalties				
16	Occupancy	142,509	142,509		
17	Travel	13,026	12,791	235	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,714	8,395	319	
20	Interest	6,124	4,916	1,208	
21	Payments to affiliates	50.105	50.405		
22	Depreciation, depletion, and amortization	50,185	50,185	204	
23 24	Insurance	12,602	11,708	894	
а	SECURITY	59,898	59,898		
b	DUES & PUBLICATIONS	8,744	8,223	521	
c	STAFF SERVICES	413	393	20	
d					
е					
f	All other expenses	23,646	20,100	2,886	660
25	Total functional expenses. Add lines 1 through 24f	1,760,449	1,622,633	63,533	74,283
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational company and fundancing collicitation.				
	combined educational campaign and fundraising solicitation	L			

Part X Balance Sheet (A) (B) Beginning of year End of year 23,678 1 10,888 10.436 2 10,438 2 Savings and temporary cash investments 25,000 3 3 46.290 40,742 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 Prepaid expenses and deferred charges 14,113 9 7,909 10a Land, buildings, and equipment cost or other basis Complete 1,484,661 Part VI of Schedule D 10a 10b 1.340.666 b Less accumulated depreciation 154,166 10c 143,995 262.987 297.765 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 34,430 15 34,430 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 571,100 16 546, 167 179.825 **17** 17 200.411 Accounts payable and accrued expenses . 18 18 101,315 100.579 19 19 20 20 Liabilities 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 150.000 24 24 98,328 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 431,140 26 399.318 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets -172.913 **27** -156,850 Temporarily restricted net assets 26,567 28 45,949 28 Fund 286,306 257,750 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 139,960 146,849 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 571.100 546,167 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.7	743,593
2	Total expenses (must equal Part IX, column (A), line 25)	2			60,449
3	Revenue less expenses Subtract line 2 from line 1	3		-	-16,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.39,960
5	Other changes in net assets or fund balances (explain in Schedule O)	5			23,745
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	.46,849
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135059002

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization DURHAM ARTS COUNCIL INC

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

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)

Employer identification number

l 56-0599829

1	<u> </u>	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	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6		A feder	ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	₹	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г			described in section		A)(vi) (Co	mplete Part I	I)			
9		An orga	anızatıon tha	at normally receives	(1) more th	an 331/3%	of its support	from contr	ibutions, men	nbership fees	, and gross
		_		ities related to its ex							-
		ıts sup	port from gr	oss investment incoi	me and unrel	ated busine	ess taxable ır	come (less	section 511	tax) from bus	sinesses
		acquire	ed by the org	janization after June	30,1975 S	ee section	509(a)(2). (C	omplete Pa	rt III)	•	
10	\sqcap	An orga	anızatıon org	ganized and operated	lexclusively	to test for	public safety	See sectio	1 509(a)(4).		
11	\sqcap	An orga	anızatıon org	ganized and operated	l exclusively	for the ben	efit of, to per	form the fun	ctions of, or	to carry out t	he purposes of
		the box		y supported organize bes the type of supp b Type II	orting organi	ı <u>za</u> tıon and		s 11e throu	ıgh 11h		09(a)(3). Check III - Other
e f	Γ	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 t	this box	2006, has the organi						III supportin	
g			ng persons?	2000, has the organi	zation accep	iteu aliy gili	c or contributi	on nom any	orthe		
				rectly or indirectly c	ontrols, eithe	er alone or	together with	persons de	scribed in (ii)	ı	Yes No
		and (111) below, the	governing body of th	e the suppor	ted organız	ation?			11g((i)
		(ii) a fa	mily membe	er of a person descril	bed in (i) abo	ve?				11g(ii)
		(iii) a 3	35% control	led entity of a persoi	n described i	n (ı) or (ıı) :	above?			11g(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	tion(s)				
(i) Name of supported organization		e of (ii) (described on column tred EIN lines 1-9 above you		organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the ion in f your rt?	(vi Is th organiza col (i) org in the l	ne tion in ganized	(vii) A mount of support	
				instructions))	Yes	No	Yes	No	Yes	No	
							+				
								-			
							+				
							1	1			
							+				
ota	ı										

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ander Fait III. II tile	organization i	ans to quanty u	iluei tile tests i	isted below, pie	ase co	ilpiete r	<u>ait III.)</u>
	ection A. Public Support endar year (or fiscal year beginning	1	1					
Car	in) -	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	997,232	888,608	1,044,052	1,014,037	1	,089,153	5,033,082
	ınclude any "unusual			_, ,	_,,		, ,	-,,
_	grants ")				+			
2	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							
4	Total. Add lines 1 through 3	997,232	888,608	1,044,052	1,014,037	1	,089,153	5,033,082
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							48,617
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							
U	from line 4							4,984,465
S	ection B. Total Support	•		<u>'</u>	•		<u>I</u>	
	endar year (or fiscal year	(-) 2006	(b) 2007	(-) 2000	(4) 2000	(-) 2(110	(f) Total
	beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	,10	(f) ⊤otal
7	A mounts from line 4	997,232	888,608	1,044,052	1,014,037	1	,089,153	5,033,082
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	224,031	289,114	145,936	172,856		9,575	841,512
	and income from 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	12,948	20,773	17,962	26.000		23,174	100,945
	capital assets (Explain in Part	12,946	20,773	17,962	26,088		23,174	100,945
	IV)							
11	Total support (Add lines 7							5,975,539
4.0	through 10)							
12	Gross receipts from related activities		•			12		2,465,137
13	First Five Years If the Form 990 is f	or the organization	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3		
	check this box and stop here							► □
	ection C. Computation of Pub	lic Support D	orcontago					
<u> </u>	Public Support Percentage for 2010			I 1 column (f))		1 44		0.2.410.0/
				er column (1))		14		83 410 %
15	Public Support Percentage for 2009					15		81 500 %
16a	33 1/3% support test—2010. If the	_			ne 14 is 33 1/3%	or more	, check ti	nis box ► ▼
h	and stop here. The organization qua 33 1/3% support test—2009. If the				a and line 1 Fig. 3	2 1/20%	or more	
D	box and stop here. The organization				a, and interpret	3 1/3%	or more, c	Ineck tills
17a	10%-facts-and-circumstances test-	•		-	e 13 16a or 16b	and line	14	-1
	is 10% or more, and if the organizat							
	in Part IV how the organization mee							ed
	organization				4	F	, - - - - - - - -	Ĩ ⊳ ┌
b	10%-facts-and-circumstances test-	-2009. If the orga	anızatıon dıd not c	heck a box on lin	e 13, 16a, 16b, o	r 17a an	d line	•
	15 is 10% or more, and if the organ	ızatıon meets the	e "facts and circur	nstances" test, c	heck this box and	stop he	ere.	
	Explain in Part IV how the organizat	ion meets the "fa	acts and circumst	ances" test The	organızatıon qual	ıfıes as a	a publicly	. —
	supported organization							▶ □
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	see	. —
	instructions							▶□

organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

▶□

Part IV

Supplemental Information. 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. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135059002

OMB No 1545-0047

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.

Open to Public

F Attaci to Form 990.	F See Separate Histructions.	
ame of the organization		Employer identification number
JRHAM ARTS COUNCIL INC		56-0599829
art I Organizations Maintaining Donor Advised		
organization answered "Yes" to Form 990, Part	IV, line 6. (a) Donor advised funds	(h) Funda and ather accounts
Total number at end of year	(a) Donor advised lunds	(b) Funds and other accounts
Aggregate contributions to (during 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 w funds are the organization's property, subject to the organizat		or advised Yes No
Did the organization inform all grantees, donors, and donor ad used only for charitable purposes and not for the benefit of the conferring impermissible private benefit	<u> </u>	·
art II Conservation Easements. Complete if the or	ganization answered "Yes" to	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ple) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conseasement on the last day of the tax year	asure) Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
easement on the last day of the tax year	1	Held at the End of the Year
Total number of conservation easements	ļ	2a
Total acreage restricted by conservation easements	İ	2b
Number of conservation easements on a certified historic stru	ucture included in (a)	2c
Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
Number of conservation easements modified, transferred, rele		
Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri enforcement of the conservation easements it holds?		
Staff and volunteer hours devoted to monitoring, inspecting a	nd enforcing conservation easem	ents during the year ▶
A mount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements	s during the year ► \$
Does each conservation easement reported on line 2(d) abov $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e satisfy the requirements of sec	tion Yes No
In Part XIV, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the footnot the organization's accounting for conservation easements		
Organizations Maintaining Collections of A Complete if the organization answered "Yes" to		or Other Similar Assets.
If the organization elected, as permitted under SFAS 116, not art, historical treasures, or other similar assets held for public provide, in Part XIV, the text of the footnote to its financial st	c exhibition, education or researc	ch in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to historical treasures, or other similar assets held for public ex 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		▶ \$
If the organization received or held works of art, historical tre following amounts required to be reported under SFAS 116 re		
Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	Tit Organizations Maintaining Co	llections of Art	t, His	storic	al Tre	<u>easu</u>	res, or O	thei	<u>r Similar A</u>	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he follo	_		_		se of its colle	ctior	1	
а	Public exhibition		d	Γ	Loan o	rexcl	nange progr	ams				
b	Scholarly research		е	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w thev	further	the o	rganization	's ex	empt purpose	e in		
	Part XIV						_					
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the c	rganız	atıor			es" to Form	•		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ble		г	- 1				
							-			mou	nt	
C	Beginning balance						-	1c				
d	Additions during the year						_	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>						Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	<u>'</u>										
Pai	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c) Tw	vo Years Back	+	Three Years Bac	k (e)Four Y	ears Back
1a	Beginning of year balance	277,639		•	286,306		286,30			+		
b	Contributions							+		+		
C	Investment earnings or losses	8,412			-7,370					_		
d	Grants or scholarships							-		+		
е	Other expenditures for facilities and programs	3,573			1,297							
f	Administrative expenses							+		+		
q	End of year balance	282,478			277,639		286,30	6		+		
2	Provide the estimated percentage of the yea	r end balance held	as				· ·					
a	Board designated or quasi-endowment											
ь	Permanent endowment -											
c 3a	Term endowment ► Are there endowment funds not in the posses	ssion of the organiz	ation	that a	ra hald	and a	dministered	lfort	the			
Ja	organization by	ssion of the organiz	acion	tilat a	ie neiu	anu a	dillillisteret	1 101	LITE		Yes	No
	(i) unrelated organizations								3	a(i)	Yes	
	(ii) related organizations								3	ı(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	•								3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See Fo	orm 99	90, Pa	art X, line	10.	ı			
	Description of investment				Cost or o		(b)Cost or o		(c) Accumula depreciatio		(d) Bo	ook value
1a	Land											
b I	Buildings											
c l	Leasehold improvements						1,12	7,403	1,002	,035		125,368
d I	Equipment						280	,492	271	,280		9,212
е (Other						76	5,766	67	,351		9,415
	I. Add lines 1a-1e (Column (d) should equal Fo), line .	10(c).)							143,995
	,	•							Schedule	D (F	orm 9	

	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		d of valuation
(Including name of security) (1)Financial derivatives		Cost of elia-of	-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
- Cay Description of investment type	(B) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
10 101 (10 101) (10 101) (10 101)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(h) Daale value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value 34,430
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK	ne 15. Otion		34,430
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. obtion		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. obtion		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) DONATED ARTWORK Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) 5.) 6. June 25.		34,430

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,743,593
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,760,449
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-16,856
4	Net unrealized gains (losses) on investments	4	23,745
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	23,745
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,889
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	1,914,794
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· ·
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	171,201
3	Subtract line 2e from line 1	3	1,743,593
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,743,593
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,907,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
– a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d	-	
e	Add lines 2a through 2d	2e	147,456
3	Subtract line 2e from line 1	3	1,760,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,760,449
Pai	rt XIV Supplemental Information		
Cor	nnlete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1, and 4, Pa	art IV	lines 1 h and 2 h

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		PART V, LINE 4 DURHAM ARTS COUNCIL'S RESTRICTED, QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR SUPPORT OF DAC ARTS EDUCATION PROGRAMS, EMERGING ARTIST PROGRAM AND OTHER ARTS ORGANIZATION SUPPORT THE ORGANIZATION RECEIVES DONATED EQUIPMENT AND SERVICES THAT THEY WOULD HAVE OTHERWISE PAID FOR TO RECEIVE THEY ARE ACCOUNTED FOR AS BOTH A COMPONENT OF REVENUE AND OF EXPENSE ON THE ORGANIZATION'S FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

DLN: 93493135059002

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Department of the Treasury Internal Revenue Service Name of the organization

DURHAM ARTS COUNCIL INC

Employer identification number 56-0599829

V, line 21 for any	recipient that receive	d more than \$5,000). Check this box if n	io one recipient re	eceived more than \$5	
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
56-1474905	501(C)(3)	10,000				OPERATING SUPPOR
56-0798002	501(C)(3)	8,519				OPERATING SUPPORTOPERATING SUPPORT
58-1711177	501(C)(3)	10,101				OPERATING SUPPOR
56-1593114	501(C)(3)	8,658				OPERATING SUPPOR
56-1728718	501(C)(3)	8,314				OPERATING SUPPOR
56-2214825	501(C)(3)	12,000				OPERATING SUPPOR
56-1759337	501(C)(3)	71,891				OPERATING SUPPOR
١	V, line 21 for any itional space is ne (b) EIN 56-1474905 56-0798002 58-1711177 56-1593114 56-1728718 56-2214825	V, line 21 for any recipient that receive itional space is needed (b) EIN (c) IRC Code section if applicable 56-1474905 501(C)(3) 56-0798002 501(C)(3) 58-1711177 501(C)(3) 56-1593114 501(C)(3) 56-1728718 501(C)(3)	V, line 21 for any recipient that received more than \$5,000 itional space is needed. Column than the space is needed. Column the space is needed. Column than the space is needed.	V, line 21 for any recipient that received more than \$5,000. Check this box if notitional space is needed. (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 56-1474905 501(C)(3) 10,000 56-0798002 501(C)(3) 8,519 58-1711177 501(C)(3) 10,101 56-1593114 501(C)(3) 8,658 56-1728718 501(C)(3) 8,314 56-2214825 501(C)(3) 12,000	V, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient relational space is needed. (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash (book, FMV, appraisal, other) 56-1474905 501(C)(3) 10,000 56-0798002 501(C)(3) 8,519 58-1711177 501(C)(3) 10,101 56-1593114 501(C)(3) 8,658 56-1728718 501(C)(3) 8,314 56-2214825 501(C)(3) 12,000	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 56-1474905 501(C)(3) 10,000 56-0798002 501(C)(3) 8,519 58-1711177 501(C)(3) 10,101 56-1593114 501(C)(3) 8,658 56-1728718 501(C)(3) 8,314 56-2214825 501(C)(3) 12,000

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 Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMERGING ARTISTS GRANTS	16	24,000			N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 RECIPIENTS OF DURHAM ARTS COUNCIL (DAC) SEASON, FACILITY, EMERGING ARTISTS AND FLETCHER PERFORMING ARTS FUND GRANTS ARE REQUIRED TO SUBMIT A FINAL WRITTEN REPORT OT DURHAM ARTS COUNCIL THESE REPORTS ARE REVIEWED BY DAC SENIOR STAFF TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS GRANT RECIPIENTS ARE ALSO REQUIRED TO MAKE COMPLIMENTARY TICKETS AVAILABLE TO GRANT SUPPORTED EVENTS SO THAT DAC STAFF AND BOARD MAY ATTEND TO OBSERVE THEIR WORK ADDITIONALLY, GRANTEES THAT RECEIVE STATE FUNDING THROUGH DAC, ARE REQUIRED TO COMPLETE AND PROVIDE TO DAC A NORTH CAROLINA STATE ISSUED REPORT ON THE USE OF THEIR GRANT FUNDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135059002

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

NonCash Contributions

Name of the organization DURHAM ARTS COUNCIL INC

Employer identification number

20					56-0599829			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		contribut	tion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	х		2.500				
good				2,590	FMV			
	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	Qualified conservation							
16	contribution—Other							
15 16	Real estate—Residential . Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other► (ADVERTISEMENTS)	X	4	102,134	FMV			
	Other ►()			,				
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b	y the org	anızatıon durıng the tax ye	ar for contributions				
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackı	nowledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f				d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	•	es or related organizations	s to solicit, process, or sell	non-cash 	32a		No
h	If "Yes," describe in Part II					Jeu		
33	If the organization did not report re	evenuesi	n column (c) for a type of r	property for which column (a) is checked.			
	describe in Part II		(-) a c) pa oi p	,,,	, ,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135059002

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or 990-EZ.

Name of the organization DURHAM ARTS COUNCIL INC

Employer identification number

56-0599829

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE EXECUTIVE DIRECTOR, BOARD PRESIDENT AND BOARD TREASURER REVIEW AND APPROVE FORM 990 BEFORE FILING FORM 990 IS ALSO SHARED WITH THE FULL BOARD

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	AT THE BEGINNING OF EACH YEAR, BOARD MEMBERS ARE ASKED TO READ AND SIGN THE POLICY, SIGNED COPIES ARE KEPT ON FILE. IF ANY CONFLICT DOES ARISE, IT IS DISCUSSED WITH THE BOARD OF DIRECTORS AND THE BOARD WOULD VOTE TO DECIDE THE OUTCOME.

Identifier	Return Reference	Explanation
		THE EXECUTIVE DIRECTOR RECEIVES AN ANNUAL REVIEW WHICH IS DISCUSSED WITH THE BOARD OF DIRECTORS AND USED TO DETERMINE THE AMOUNT OF COMPENSATION FOR THE YEAR THE AMOUNT DETERMINED BY THE BOARD IS COMMUNICATED IN WRITING TO THE FINANCE MANAGER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 23,745