

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



SCANNED SEP 1 0 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u>A</u>	For the	2013 calendar year, or tax year beginning $OCT~1$, 2013 and	ending S	SEP 30, 2014	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre	THE ARTS COUNCIL, INC.			
	Name chang	Doing Business As		56-0	526856
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone numbe	
	Termir	ZUU N BERUCE BIREET	3	336-	722-2585
Ļ	Ameno	City or town, state or province, country, and ZIP or loreign postal code		G Gross receipts \$	4,247,518.
L_	Application pendir			H(a) Is this a group re	
	,	F Name and address of principal officer: MR. JAMES SPARROW		for subordinates	
		SAME AS C ABOVE	507	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) (e: ► WWW.INTOTHEARTS.ORG	or 527	1 ′	list (see instructions)
		organization: X Corporation Trust Association Other	I Vaar	of formation: 1949	State of legal domicile: NC
	art I	Summary	L Gal	Oriormation. IJEJIN	A State of legal dofficile. INC
		Briefly describe the organization's mission or most significant activities SUPP	ORT. P	PROMOTE AND	NURTURE
Governance		ARTISTS AND ARTISTIC ORGANIZATIONS THROUGH			1101(101(1
rna	1	Check this box if the organization discontinued its operations or dispose	-		ssets
Ş	1	Number of voting members of the governing body (Part VI, line 1a)	3	39	
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	39
es e		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	13
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	380
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	and the second	7b	0.
		Contributions and greats (Red VIII line 1b) RECEIVED)	Prior Year	Current Year
ą	,	Contributions and grants (Fart VIII, line III)	78	3,407,059.	4,107,497.
ēn		Program service revenue (Part VIII, line 2g)	. löl	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, ang ti) AUG 🐍 0 2015	· [67]	20,937.	<129,097.>
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	16,949.	15,583.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	T	3,444,945.	3,993,983.
		Grants and similar amounts paid (Part IX, column (A), lines 13)		2,047,851.	2,345,528.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	766 900	646 204
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	766,800. 0.	646,294.
Sen	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 699,2	61	<u> </u>	<u></u>
Ä	1,0	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	891,293.	635,215.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,705,944.	3,627,037.
		Revenue less expenses Subtract line 18 from line 12		<260,999.	
<u> </u>	<u> </u>	Hoveride 1833 expenses educate line to want line to	Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		15,922,949.	15,777,139.
8	21	Total liabilities (Part X, line 26)		7,288,373.	6,700,683.
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from line 20		8,634,576.	9,076,456.
	art II	Signature Block	77		
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparei	r has any knowledge.	
		Lames Jaerna y			7/25
Sig	ın	Signature/of officer		Date *	
He	re	MR. JAMES SPARROW, PRESIDENT & CEO Type or print name and title			
		Print/Type preparer's name Preparer's signature		S17/15 Check of self-employ	PTIN
Pai	d	JANE R POTTER Juniklottis		8/17/15 n sett-employ	
Pre	parer	Firm's name BUTLER & BURKE, L.P.		Firm's EIN ▶	56-1138530
Ușe	Only	Firm's address 100 CLUB OAKS COURT, SUITE A			
		WINSTON-SALEM, NC 27104		Phone no. (3	36)768-2310
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

			~	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	<u>No</u>
1	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			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	Similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 22
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	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			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
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		Х
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		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	_X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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 and XII is optional	12b_	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا ء ر ا		7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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? If "Yes,"	40		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> 0</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

	D. I.I		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	v	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22	X	}
00	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 employees? If "Yes," complete	23		х
04-	Schedule J	23		Α.
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 through 24d and complete	04-	x	
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		^
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		v
_	any tax-exempt bonds?	24c		X
	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	05-		х
	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	ĺ		ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	000		Х
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		x
	of any of these persons? 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	l		ĺ
_	instructions for applicable filing thresholds, conditions, and exceptions)	200		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	, and the state of	200		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		X
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	
29		29	Α.	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M	30		х
24	Did the organization liquidate, terminate, or dissolve and cease operations?	30_		1
31		24		X
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		12
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	35	 -	
34	Part V, line 1	34	x	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 22	Х
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	l	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,	 -	
<i>-</i>	Note. All Form 990 filers are required to complete Schedule O	38	x	
	1000.7 in 1 offices increased to complete correction		990	(2013

Form Par	990 (2013) THE ARTS COUNCIL, INC. t V Statements Regarding Other IRS Filings and Tax Compliance		56-0526	<u>856</u>	P	age (
	Check if Schedule O contains a response or note to any line in this Part V					
	Office in Concodic O contains a response of note to any line in this tart v					<u> </u>
	E touthe country and and a De O of Ferry 1000 Feter O of act and health	ا ـها	اد ا		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	еропа	bie gaming		3.7	
	(gambling) winnings to prize winners?	ı		1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1 2			
	filed for the calendar year ending with or within the year covered by this return	2a	13		·	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined for the control of the control			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		<u>_X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		- 1			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a_		_ <u>X</u> _
b	If "Yes," enter the name of the foreign country				i	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ļ	5a		_ <u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		ļ	_6a_		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	r 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 goods and se	rvices p	rovided 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	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	ı		7c		_ <u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	xt?	_7e_		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			_7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		· · · -			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>				
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	1	l			
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	<u> </u>			
12a	• • • • • • • • • • • • • • • • • • • •		? i	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a_		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı				
	organization is licensed to issue qualified health plans .	13b				
С	Enter the amount of reserves on hand	13c				L

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2013)

14a

X

Form 990 (2013) THE ARTS COUNCIL, INC. 56-0526856 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI \mathbf{x} Section A. Governing Body and Management No Yes 39 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1b 39 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 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 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did 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 independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 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 with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) __ Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

WINSTON-SALEM

27101

statements available to the public during the tax year.

<u>VICTORIA HORNER - 336-722-2585</u> 206 N SPRUCE STREET, SUITE 3.

Form 990 (2013)	янт	ARTS	

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

Check if Schedule Q contains a response or note to any line in this Part VI	r note to any line in this Part VII
---	-------------------------------------

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. 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			() Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average	(do	do not check m			than	one	Reportable	Reportable	Estimated
	hours per week	offic	box, unless person is bo officer and a director/true				n an tee)	compensation	compensation from related	amount of other
	(list any	ig.					Г	the	organizations	compensation
	hours for	g g				E E		organization	(W·2/1099·MISC)	from the
	related	stee o	ruste		١.,	pensa		(W-2/1099-MISC)		organization
	organizations	af fru	onal t		ploye	E 8	ĺ			and related
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVE BERLIN	1.00	=	=	-	-		-	1		
CHAIR		X		X				0.	0.	0.
(2) ANDREW GILCHRIST	1.00									
VICE CHAIR- ADMINISTRATION		x		X		l	ľ	0.	0.	0.
(3) TOM INGRAM	1.00									
VICE CHAIR- BOARD DEVELOPM		x		X				0.	0.	_ 0.
(4) LAWREN DESAI	1.00									
CO VICE CHAIR-AGENCY RELATIONS		X		X				0.	0.	<u> </u>
(5) LUCIA MARSHALL	1.00									
VICE CHAIR-COMM, RELATIONS		X		X		L		0.	0.	0
(6) WILLIAM G. BENTON	1.00									
VICE CHAIR- FACILITIES		X		X	<u> </u>		_	0.	0.	0.
(7) MARYBETH WALLACE	1.00	Į								
SECRETARY		X		Х	ļ	<u> </u>		0.	0.	0.
(8) RICK MOSS	1.00							_		
TREASURER & FINANCE CHAIR		X		X	ļ	<u> </u>	L.	0.	0.	0 .
(9) GREG SCOTT	1.00								_	
AT LARGE EXECUTIVE MEMBER		X		X	ļ	<u>_</u>		0.	0.	0 .
(10) ERROL WINT	1.00					i				_
AT LARGE EXECUTIVE MEMBER		X		X		<u> </u>	L	0.	0.	0
(11) ALLISON PERKINS	1.00					ĺ	ĺ			
MEMBER GROUP REPRESENTATIV	1 00	X		X		-		0.	0.	0.
(12) SILVIA RODRIGUEZ	1.00									
CHAIR- MEMBERSHIP COMMITTE		X				-		0.	0.	0.
(13) JIMMY BROUGHTON	1.00								•	
CO-CHAIR- ADVOCACY COMMITTEE		X			-	-		0.	0.	0.
(14) BRENDA ALLEN	1.00	,,								
BOARD MEMBER	1 00	X				<u> </u>		<u> </u>	0.	0.
(15) CHAD CHEEK	1.00	.						1	_	_
BOARD MEMBER	1 00	X				 		0.	0.	0.
(16) ROBERT BESEDA	1.00	v							^	
BOARD MEMBER	1 00	X			\vdash		_	0.	0.	0.
(17) CARMEN RUSSELL BONHAM	1.00	x						0.	0.	_
BOARD MEMBER		Δ.	لــــا			Ц	Ц.	<u> </u>	<u> </u>	0 .

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	<u>d Hi</u>	ghe	st C	Compensated Employee	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do			nore	h than	one	Reportable	Reportable		Es	tımate	d
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation			ount o)f
	week (list any			1			100,	from the	from related organizations			other pensat	uon
	hours for	direct				-			(W-2/1099-MISC)	,		om the	
	related	tee or	stee			nsate		(W-2/1099-MISC)	,			anızatı	
	organizations	trust	nal tru		oyee	ed mo					and	d relate	∌d
	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ä				orga	ınızatıc	ns
	line)	르	IS.	- 5	Key	울통	-g	· · · · · · · · · · · · · · · · · · ·		-			
(18) AMOGH BHONDE	1.00	ļ							_				_
BOARD MEMBER		X		ļ	ļ	<u> </u>	<u> </u>	0.).			0.
(19) RON EVANS	1.00								_				_
BOARD MEMBER		X	ļ	ļ	<u> </u>	ļ	ļ	0.	Ç).			0.
(20) NATASHA GORE	1.00								_				_
BOARD MEMBER		X	-	ļ	ļ	ļ	ļ	0.	<u>C</u>	<u>) . </u>			0.
(21) ANNA GALLIMORE	1.00			ĺ					_				_
BOARD MEMBER		X	ļ	ļ	<u> </u>	<u> </u>	<u> </u>	0.		<u>) . </u>			0.
(22) ALLEN SHAW	1.00	ļ				ŀ			_				_
BOARD MEMBER		X	ļ		<u> </u>	┞		0.		2.			0.
(23) HOWARD UPCHURCH	1.00	ļ							_				_
BOARD MEMBER	ļ <u>.</u>	X	<u> </u>	<u> </u>		_	ļ	0.		9.			0.
(24) SUE HENDERSON	1.00								_				_
BOARD MEMBER		X	↓	<u> </u>			<u> </u>	0.) ·			0.
(25) MIKE LANCASTER	1.00	ļ							_				_
BOARD MEMBER		X	-			_		0.) .			0.
(26) CRAIG GUNCKEL	1.00	┨								.			^
BOARD MEMBER		X	L			<u></u>	<u> </u>	0.		2.			0.
1b Sub-total • 0. 0.											2 0	0.	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1h and 1c) 39,808. 39,808.											2,8		
d Total (add lines 1b and 1c)	<u> </u>							39,808.		<u>) • </u>		2,8	±4.
2 Total number of individuals (including but	not limited to th	nose	e liste	ea a	DOV	e) wi	no r	eceived more than \$100	,000 of reportable				0
compensation from the organization												Yes	No
			- l	- .	1-			highest componented of	mpleyee en				-140
3 Did the organization list any former office			е, ке	ey e	mpic	уее	, OI	nighest compensated ei	ripioyee on		,		Х
line 1a? If "Yes," complete Schedule J for							4 . 4	har componential from	the ergonization	-	3		
4 For any individual listed on line 1a, is the									irie organization	ı	4		Х
and related organizations greater than \$1.Did any person listed on line 1a receive or									dual for services	<u> </u>	-		
							eiai	led diganization of indivi	dual for services	İ	5		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	mpiete Scriedu	e J	IOI S	ucn	pers	SOIT					<u> </u>		
	omponented in	don	ande	ant o	cont	racto	ore 1	that received more than	\$100 000 of comps	ensa	tion f	rom	
1 Complete this table for your five highest of the organization. Report compensation for										J1154			
(A)	the Calendar	Cai	endi	ıı ıg	**1(1)	01 11		(B)	-		(C	<u></u>	
Name and busines	s address	N	ON	F:				Description of s	ervices	Cc		nsatio	n
			<u> </u>										
						_							
2 Total number of independent contractors	(including but	not l	ımıte	ed to	tho	se lı	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga	nization 🕨	_				0_							

Business Code

5,983

5,983

3,993,983

900099

c Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a MISCELLANEOUS INCOME

Total revenue. See instructions.

d All other revenue e Total, Add lines 11a-11d

<113,514.

5,983.

Form 990 (2013) THE ARTS COUNCIL, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon			(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,283,778.	2,283,778.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	61,750.	61,750.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				···-
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,689.		20,382.	137,307.
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	340,687.		164,768.	175,919.
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	84,181.		45,896.	38,285.
9	Other employee benefits				
10	Payroll taxes .	63,737.		37,562.	26,175.
11	Fees for services (non-employees)				
а	Management .				
b	Legal				
С	Accounting	17,500.		17,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 730			00 730
	column (A) amount, list line 11g expenses on Sch 0.)	80,738.			80,738.
12	Advertising and promotion	9,716.		32,281.	9,716.
13	Office expenses	162,917.			130,636.
14	Information technology	22,930.		22,930.	
15	Royalties	67,871.		67,871.	
16	Occupancy	60.		60.	
17	Travel			00.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,807.		8,048.	22,759.
20	Interest	30,007.		0,040.	221137
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,177.		74,177.	
23	Insurance	18,464.		18,464.	·····
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	70,428.		25,370.	45,058.
b	BANKING FEES	32,092.		15,724.	<u> 16,368.</u>
С	BAD DEBT EXPENSE	25,976.		25,976.	
d	SPECIAL EVENTS	16,300.			<u>16,300.</u>
е	All other expenses	5,239.		5,239.	
<u>2</u> 5	Total functional expenses. Add lines 1 through 24e	3,627,037.	2,345,528.	582,248.	699,261.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ		ĺ	
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		

Form 990 (2013)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any line in t	his Part X			
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			134,811.	1_	1,003,713.
	2	Savings and temporary cash investments			1,316,459.	2	542,298.
	3	Pledges and grants receivable, net		_	4,127,603.	3	3,669,584.
	4	Accounts receivable, net		_	165,492.	4	215,504.
	5	Loans and other receivables from current and fe	ormer officers, di	rectors,			
		trustees, key employees, and highest compens	ated employees.	Complete			
		Part II of Schedule L		_		5	
	6	Loans and other receivables from other disqual	ified persons (as	defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), a	nd contributing			
	}	employers and sponsoring organizations of sec	tion 501(c)(9) vol	untary			
Ś		employees' beneficiary organizations (see instr)	. Complete Part I	l of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			362,261.	8	232,260.
	9	Prepaid expenses and deferred charges			241,956.	9	191,220.
	10a	Land, buildings, and equipment cost or other	1				
	ļ	basis. Complete Part VI of Schedule D	10a	581,129.]	
	Ь	Less: accumulated depreciation	10b	400,597.	251,792.	10c	<u>180,532.</u>
	11	Investments - publicly traded securities		148,325.	11	-	
	12	Investments - other securities See Part IV, line	ļ		12	<u> </u>	
	13	Investments - program-related See Part IV, line	-		13	<u></u>	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			9,174,250.	15	9,742,028.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		15,922,949.	16	15,777,139.
	17	Accounts payable and accrued expenses	-	-	194,846.	17	56,960.
	18	Grants payable .		-	2,144.	18	
	19	Deferred revenue		6 015 022	19	6 610 000	
	20	Tax-exempt bond liabilities	· -	6,917,233.	20	6,612,232.	
	21	Escrow or custodial account liability. Complete		Π		21	
es	22	Loans and other payables to current and forme					
i	ł	key employees, highest compensated employee	es, and disqualifi	ea persons.			
Liabilities		Complete Part II of Schedule L		}		22	
	23	Secured mortgages and notes payable to unrela	-	· -		23	
	24	Unsecured notes and loans payable to unrelate	•	Lthurd		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	=				
		Schedule D	s 17-24). Comple	te Fait X Oi	174,150.	25	31,491.
	26	Total liabilities, Add lines 17 through 25		·	7,288,373.	26	6,700,683.
	20	Organizations that follow SFAS 117 (ASC 958	3), check here	X and	,,200,010,0		0,,00,003.
s		complete lines 27 through 29, and lines 33 ar					
၁င	27	Unrestricted net assets			2,625,801.	27	4,015,058.
ala	28	Temporarily restricted net assets		•	6,008,775.	28	5,061,398.
Ö	29	Permanently restricted net assets		• [29	
Š		Organizations that do not follow SFAS 117 (A	SC 958), check	here ▶ 🗀 🏻			
P		and complete lines 30 through 34.	,,,				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	. 1		30		
SSE	31	Paid-in or capital surplus, or land, building, or ed		· [31	·
³t A	32	Retained earnings, endowment, accumulated in		unds		32	
ž	33	Total net assets or fund balances		Ī	8,634,576.	33	9,076,456.
	34	Total liabilities and net assets/fund balances			15,922,949.	34	15,777,139.
							Form 990 (2013)

orm	990 (2013) THE ARTS COUNCIL, INC.	<u> 56-05</u> 2	<u> 26856</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,993		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,62	7,0	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>46.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,634		
5	Net unrealized gains (losses) on investments	5			<u>09.</u>
6	Donated services and use of facilities	6	4	5,0	<u> 25.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,076	5, 4	<u>56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		:		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			ĺ
	consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	000	(0045)
			⊢orm	330	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of t	the organizati	on			•			E	mployer	identificati	on nur	nber
		THE ART	S COUNCIL, I	NC.					50	6-0526	<u>856</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions				
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check (only one b	ox)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization			170(b)(1)	A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter t	he hospital	s nam	e,
	city, and stat	_			•				•	·		
5			benefit of a college or u	niversity o	wned or op	erated by	a governi	nental un	it describe	ed in		
	-	(b)(1)(A)(iv). (Comple		•	·	-	•					
6 🗀			ent or governmental uni	t describe	d ın sectio	n 170(b)()(A)(v).					
7 X			eives a substantial part					r from the	e general p	public desci	nbed ii	n
_	section 170(b)(1)(A)(vi). (Comple	te Part II.)			_						
8 🗀	•		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	-		erves. (1) more than 33			om contri	butions, m	nembershi	ıp fees, ar	nd gross rec	eipts f	from
	-		nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete										
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	I).				
11 🔲	An organizat	on organized and of	perated exclusively for the	ne benefit	of, to perfo	rm the fur	nctions of,	or to carr	ry out the	purposes o	f one c	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	n 509(a)(2) See sec	tion 509((a)(3). Che	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	а 🔲 Туре	l b 🗔 T <u>y</u>	ype II c 🔲 T	ype III - Fu	nctionally i	ntegrated	c	I 🔙 Тур	oe III - Nor	n-functionall	y integ	rated
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	more dis	qualified	persons oth	er thar	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or :	section 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type)				
		rganization, check th	-									L
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	rsons?			
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons c	lescnbed	n (ii) and ((iii) below,	r	Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		ļ
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		ļ
	(iii) A 35%	controlled entity of a	ı person described in (i)	or (ii) abov	e?					11g(iii)	L	L
h	Provide the f	following information	about the supported or	ganızatıon	(s)							
		τ	T		<u> </u>			r				
(i) Name	of supported	(ii) EIN	(, .) O. O. Balliani		organization			(vi) la organizati	s the ion in col.	(vii) Amount	of mor	netary
orga	anızatıon		(described on lines 1-9 above or IRC section		sted in your document?			(i) organiz U.S	zed in the l	sup	port	
			(see instructions))									
			 	Yes	No	Yes	No	Yes	No			
			1						i i			
			 	+	 -				+			
		<u> </u>		+					+			
		ļ										
				-	 -			<u> </u>	+			
				İ								
			 	+	 		 	 	 			
				1								
	···			 					+			
Total								1				

Schedule A (Form 990 or 990-EZ) 2013 THE ARTS COUNCIL, INC. 56-0526856 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	6,291,789.	3,575,548.	3,667,006.	3,407,059.	4,107,497.	21,048,899.
2	Tax revenues levied for the organ-						
	ızatıon'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	6,291,789.	3,575,548.	3,667,006.	3,407,059.	4,107,497.	21,048,899.
5	The portion of total contributions						
	by each person (other than a			!			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,611,511.
	Public support. Subtract line 5 from line 4						18,437,388.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	6,291,789.	3,575,548.	3,667,006.	3,407,059.	4,107,497.	21,048,899.
8	Gross income from interest,						
	dividends, payments received on			į			
	securities loans, rents, royalties						
	and income from similar sources	960,803.	8,509.	26,722.	22,254.	1,087.	1,019,375.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			4 000	6 544	F 000	12 002
	assets (Explain in Part IV)			1,096.	6,744.	5,983.	13,823.
	Total support. Add lines 7 through 10						22,082,097.
	Gross receipts from related activities,					12	14,955.
13	First five years. If the Form 990 is for		s first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3)	.
<u></u>	organization, check this box and stor	o here	roontago			·	
	ction C. Computation of Publ			-1 (5)			93 40 %
	Public support percentage for 2013 (olumn (t))	•	14	83.49 %
	Public support percentage from 2012				4 :- 22 1/20/	15	84.52 %
16a	33 1/3% support test - 2013. If the				4 IS 33 1/3% OF II	nore, check this bo	x and ►X
	stop here. The organization qualifies				lina 15 ia 22 1/20/	or mare, abook th	
k	33 1/3% support test - 2012. If the				ine 15 is 33 1/3%	or more, crieck tr	IIS DOX
	and stop here. The organization qua				10 16a a-16b a	 	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt iv now the organ	iization
	meets the "facts-and-circumstances"					17	. ▶∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						,
. ~	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	ı, 100, 17a, 0r 17b			or 990-EZ) 2013
					acne	JULIE A 11 UI III 33U	U 33U-LL LU 13

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	ow, please com	piete i <u>art</u> ii j	 			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			•	1		
include any "unusual grants ")						
2 Gross receipts from admissions,		 			†	
merchandise sold or services per-]			
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		 			 	
3 Gross receipts from activities that are not an unrelated trade or bus-						:
iness under section 513						
·		 		 	 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
or expended on its behalf		 			 	
5 The value of services or facilities						
furnished by a governmental unit to			j	ļ		
the organization without charge				ļ	 	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		ļ				
b Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
exceed the greater of \$5,000 or 1% of the					1	
amount on line 13 for the year		ļ		ļ		
c Add lines 7a and 7b		<u> </u>			<u> </u>	
8 Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>	<u> </u>	
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🕍	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources		<u> </u>				
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		1		1		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carned on						
12 Other income Do not include gain		T				
or loss from the sale of capital						
assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization	's first second thir	d fourth or fifth t	ax vear as a section	on 501(c)(3) organiz	ration
check this box and stop here	ine organization	o mot, occoria, tim	a, 10a1 ii, 01 iii ii	an your as a sooth	on do noncon diguna	
Section C. Computation of Public	Support Pe	ercentage	· · · · · · · · · · · · · · · · · · ·			
15 Public support percentage for 2013 (lir			column (fl)		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			ne 13. column (fl)		17	%
18 Investment income percentage from 2	· ·				18	%
19a 33 1/3% support tests - 2013. If the c			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an						▶ □
b 33 1/3% support tests - 2012. If the c	•	-	-	· · ·		and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						· [=
EU FITALE IOUTIGATION, IL THE OTGATIZATION	Sig HOL CHECK B	LUCA OIT III TT, 13	a, or roo, cricck ti	TO DOX alla 300 III	5.1.40110113	

Schedule A	(Form 990 or 990-EZ) 2013 THE ARTS COUNCIL, INC.	56-0526856 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, lin	e 10; Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	
	_ 	
		
_		
		
		·····

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE ARTS COUNCIL, INC.

Employer identification number 56-0526856

Par	rt I Organizations Maintaining Donor Ad	lvised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part I	V, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	ers in writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organizat	ion's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and do	nor advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Par	irt II Conservation Easements. Complete if the	ne organization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply)	
	Preservation of land for public use (e.g., recreation	n or education) Preservation of an hist	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	,		2b
C	Number of conservation easements on a certified histor	* *	2c
d	(,)	uired after 8/17/06, and not on a historic structu	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred	ed, released, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		□v □v
_	violations, and enforcement of the conservation easeme		Yes No
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspecting, Does each conservation easement reported on line 2(d)		
8	and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 170(Yes No
9	In Part XIII, describe how the organization reports consi	envation easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	anication of manetal statements that good boo	or or garment or accounting for
Par	urt III Organizations Maintaining Collection	ns of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 11	6 (ASC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for publ		
	the text of the footnote to its financial statements that of	describes these items	
ь	If the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibiti	on, education, or research in furtherance of pub	olic 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, historic	cal treasures, or other similar assets for financial	
	the following amounts required to be reported under SF		
а	D		> \$
ь	Assets included in Form 990, Part X		> \$

Par		S COUNCIL,			OBSUFOS (or Othe	r Simil	<u> 30 - ∪ 3</u> ar Asse			ge Z
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	tollowing tha	it are a si	gnificant	use of its	collection	items	;
	(check all that apply).										
а	Public exhibition	d	الججاا	_oan or exc	hange progra	ams					
b	Scholarly research	е	ر اللا	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exer	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets				,
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" to	Form 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able [.]							
-		·	_						Amount		
c	Beginning balance						1c				
	Additions during the year		•	•			1d				
	Distributions during the year		• •	•			1e				
•	Ending balance		•				1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				L		Yes		No
	If "Yes," explain the arrangement in Part XIII.			n has been	provided in l	Part XIII			_		İ
Par							0				
<u> </u>		(a) Current year		rior year	(c) Two year			years back	(e) Four	vears !	back
4.	Beginning of year balance	(a) ourrow you.	(2).		(0)		1-7	<u>,</u>			
1a	Contributions				 						
b	Net investment earnings, gains, and losses				<u> </u>						
					 						
d	Grants or scholarships				 						
е	Other expenditures for facilities					1					
_	and programs				 						
	Administrative expenses				 						
9	End of year balance		l (line 1	a solumn /	all bold on		_		1		
2	Provide the estimated percentage of the cur	rent year end baland	e (iine ii	g, column (a)) Helu as						
а	Board designated or quasi-endowment		_%								
Ь	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c short										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ana aaministe	erea for ti	ne organi	zation	Г	V	
	by:									Yes	No
	(i) unrelated organizations			-			•		3a(i)		
	(ii) related organizations								3a(ii)		
þ	If "Yes" to 3a(ii), are the related organization					-			3b	L	
4_	Describe in Part XIII the intended uses of the		owment	tunds							—
Pa	rt VI Land, Buildings, and Equipn) D-+ IV	11 a. C	٠ ت 00 <i>0</i>	Dod V	lina 10				
	Complete if the organization answere								(#) D = -1		
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Book	value	;
		basis (investi	ment)	Dasis	(other)	ael	preciation	-			
1a	Land										
b	Buildings .			···				20			
С	Leasehold improvements .				17,129.		14,9			$\frac{2}{2}, \frac{1}{2}$	
d	Equipment				4,047.		204,3			9,60	
	Other				39,953.		181,2	81.		<u>8,6'</u>	
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10(c))				180	<u>0,5</u>	<u>32.</u>

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.				
(a) Doccri	Complete if the organization answered "Yes" ption of security or category (including name of security)	to Form 990, Part IV, I (b) Book value			of-year market value
		(b) Book value	(C) Metilod of Ve	aldation Cost of Cha	or your market value
	lal derivatives				
	y-held equity interests				
(3) Other				· · · · · · · · · · · · · · · · · · ·	
(A)					
(B)					
(C)					
<u>(D)</u>			**		
(E)					
<u>(F)</u>					
(G)		\(\frac{1}{2}\)			
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII	I Investments - Program Related.	t- 5 000 Dad IV I	11. Can Farm 000 F	last V. line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			of-year market value
	(a) Description of investment	(b) Book value	(C) Wichiod of Ve	addition Cost of Cha	or year market value
(1)					
(2)				, <u>,,</u> ,	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX		+- F 000 D-+ W	11d Co. Form 000 F	Dest V. Jone 15	
	Complete if the organization answered "Yes"	Description	ine IIa See Form 990, F	Part X, line 15.	(b) Book value
		Description			
	IFE INSURANCE	THE ADMIC ON	CDDUCE		473,629 9,268,399
	UE FROM FACILITIES FOR T	HE ARTS UN	SPRUCE		9,200,399
(3)		 			
(4)					
(5)					
(6)				-	
(7)					- -
(8)					.
(9)					0 740 000
	lumn (b) must equal Form 990, Part X, col. (B) line	e 15)		<u> </u>	9,742,028
Part X	Other Liabilities.			000 Dark V Iva - 05	
	Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV,	(b) Book value	990, Part X, line 25	
1.			(b) Book value		
	deral income taxes		21 401		
	<u>NTEREST RATE SWAP LIABIL</u>	T.T.A	31,491.		
(3)		_			
(4)					
(5)					
(6)		-	-		
(7)					
(8)					
(0)		i			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

31,491.

Sche	dule D (Form 990) 2013 THE ARTS COUNCIL, INC.		56-0526856 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	e per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	
ь	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b	•	4c
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	es per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	4 L	
а	Donated services and use of facilities	_2a	
b	Prior year adjustments	_2b	
С	Other losses _	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	÷	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	_4b	
	Add lines 4a and 4b	••	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5
	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		rt V, line 4, Part X, line 2; Part XI,
ınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	aditional information	
ד ג כו	om v tine).		
PAI	RT X, LINE 2:	······································	
mui	COUNCIL'S PRIMARY TAX POSITIONS RELATE	חר דחים פחאייוום	י אכי
TIL	COUNCIL 5 PRIMARI TAX POSTITIONS REDATE	TO TID SIMIUS	AS
NT∕\-	T-FOR-PROFIT ENTITY EXEMPT FROM INCOME TA	YES AND CLASS	TETCAPTON OF
NO.	I-FOR-PROFIL ENTILL EXEMPL FROM INCOME IA	WED WAD CHUDS	SIFICATION OF
א מינ	TIVITIES RELATED TO ITS EXEMPT PURPOSE. I	יי דכ יישה אדוי	TON OF MANACEMENT
<u>ac.</u>	ITVIIIES REHAIED TO TIS EXEMPT PORPOSE: I	T TO THE OFTE	TON OF MANAGEMENT
muz	AT THERE ARE NO UNCERTAIN TAX POSITIONS T	ים אווזרש ידע אי	SUBJECT TO CHANGE
1 112	THERE ARE NO UNCERTAIN TAX POSTITONS I	TIMI WOODD DE	BOBOLCI TO CHANGE
TTD	ON EXAMINATION.		
UF	ON EXAMINATION.		

SCHEDULE 1 (Form 990) Department of the Treasury

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

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

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection S

X Yes

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 56-0526856 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Part I General Information on Grants and Assistance THE ARTS COUNCIL Name of the organization Internal Revenue Service

criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant f	runds in the United	States			
Part II Grants and Other Assistance to Governments and Organizati	Governments and	d Organizations in the	United States. Co	omplete if the orga	nızation answered "Y	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	55,000. Part II can	be duplicated if addition	onal space is need	De	to heather		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOKIH CAKULINA SHANESFEARE FESTIVAL - P O BOX 6066 - HIGH							\$5,000 ARTS IN EDUCATION
- 1	59-1725095	501(C)(3)	5,000.	0			GRANT
UNIVERSITY OF NORTH CAROLINA						•	
SCHOOL OF THE ARTS FOUNDATION -							\$6,000 ARTS IN EDUCATION
1533 SOUTH MAIN STREET -							GRANT & \$10,000
WINSTON-SALEM NC 27127	56-6064850	501(C)(3)	16,000,	0			INNOVATIVE PROJECT GRANT
							\$85,000 ORGANIZATIONAL
PIEDMONT CRAFTSMAN							SUPPORT GRANT, \$7,000
601 NORTH TRADE STREET							ARTS IN EDUCATION GRANT &
WINSTON-SALEM NC 27101	56-0818342	501(C)(3)	105,324,	0			\$13,324 ADVERTISING
							\$245,000 ORGANIZATIONAL
WINSTON-SALEM SYMPHONY							SUPPORT GRANT, \$7,000
201 N. BROAD STREET, SUITE 200							ARTS IN EDUCATION GRANT,
WINSTON-SALEM NC 27101	56-0692826	501(C)(3)	263,573.	0.			\$11,573 ADVERTISING
ASSOCIATED ARTISTS OF							\$18,000 ORGANIZATIONAL
WINSTON-SALEM - 301 WEST FOURTH							SUPPORT GRANT, \$3,000
CHEREN WT.NSTON-SALEM NC 27101	58-1498864	501(C)(3)	21 000.	0			ARTS IN EDUCATION GRANT
THEFT WINGION SHEET, TO EVENT							
HISPANIC ARTS INITIATIVE							\$20,000 ORGANIZATIONAL
305 WEST FOURTH STREET, SUITE 1-C			_				SUPPORT GRANT & \$2,800
	20-4918395	501(C)(3)	22,800.	0			ARTS IN EDUCATION GRANT
MINOTON-DADED INC DITOR		12172120					4

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

	I
9	I
2	l
∞	l
9	1
~	1
S	ı
0	ı
- 1	ı
9	ı
S	I

	COUNCIL,	INC.			- C (000		56-0526856 Page 1
(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (e) Amount of (e) Amount of (f) Method of (government non-cash (book, FMV, assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount 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
KERNERSVILLE LITTLE THEATRE P.O. BOX 822 KERNERSVILLE, NC 27285	59-1771526	501(C)(3)	8 900.	0			\$8,900 ORGANIZATIONAL SUPPORT GRANT
NORTH CAROLINA BLACK REPERTORY COMPANY - 610 COLISEUM DRIVE - WINSTON-SALEM, NC. 27106	58-1518704	501(C)(3)	194,968.	0			\$185,000 ORGANIZATIONAL SUPPORT GRANT & \$9,968 IN ADVERTISING ASSISTANCE
OLD SALEM P.O. DRAWER F, SALEM STATION WINSTON-SALEM, NC 27108	56-0587289	501(c)(3)	70,000,	0			\$70,000 ORGANIZATIONAL SUPPORT GRANT
PIEDMONT CHAMBER SINGERS P.O. BOX 20573 WINSTON-SALEM, NC 27120	58-1348531	501(C)(3)	9,000	0			\$9,000 ORGANIZATIONAL SUPPORT GRANT
PIEDMONT OPERA 235 N. CHERRY STREET, SUITE 100 WINSTON-SALEM, NC 27101	59-1743689	501(C)(3)	135,941.	0			\$102,500 ORGANIZATIONAL SUPPORT GRANT, \$5,000 INNOVATIVE PROJECT GRANT & \$28,441 ADVERTISING
PIEDMONT WIND SYMPHONY 526 S. STRATFORD ROAD WINSTON-SALEM, NC 27103	56-1627179	501(¢)(3)	25,000.	0			\$20,000 ORGANIZATIONAL SUPPORT GRANT & \$5,000 INNOVATIVE PROJECT GRANT
REYNOLDA HOUSE MUSEUM OF AMERICAN ART - P.O. BOX 7287 - WINSTON-SALEM, NC 27109	56-0810676	501(C)(3)	97,973,	0			\$75,000 ORGANIZATIONAL SUPPORT GRANT & \$22,973 ADVERTISING ASSISTANCE
RIVERRUN INTERNATIONAL FILM FESTIVAL - 305 WEST FOURTH STREET, SUITE 1-A - WINSTON-SALEM, NC 27101	20-0254183	501(C)(3)	100,000.	0			\$100,000 ORGANIZATIONAL SUPPORT GRANT
SAWTOOTH SCHOOL OF VISUAL ART 305 WEST FOURTH STREET, SUITE 1-C WINSTON-SALEM, NC 27101	56-0596516	501(C)(3)	143,100,	0			\$140,000 ORGANIZATIONAL SUPPORT GRANT & \$3,100 ARTS IN EDUCATION GRANT Schedule I (Form 990)

(٥	>
L	1	1
C	X)
ţ	(>
(•	1
L	1	7
¢		>
	ı	
ļ	(>
ı	í	`

Schedule I (Form 990) THE ARTS COUNCIL, INC.	COUNCIL,	INC.	pizations in the Ur	ited States (Sche	dule I (Form 990), Par		56-0526856 Page 1
l .	(b) EIN	(c) IRC section if applicable	(d) Amount 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
SOUTHEASTERN CENTER FOR CONTEMPORARY ART - 750 MARGUERITE	0689990-99	501(C)(3)	197,000,	0			\$185,000 ORGANIZATIONAL SUPPORT GRANT, \$7,000 ARTS IN EDUCATION GRANT, & \$5,000 INNOVATIVE
TTLE THEATRE OF N-SALEM/TWIN CITY S' LISEUM DRIVE - N-SALEM, NC 27106	56-0526835	501(C)(3)		0			\$240,000 ORGANIZATIONAL SUPPORT GRANT
WINSTON-SALEM FESTIVAL BALLET 305 WEST FOURTH STREET, SUITE 1-C WINSTON-SALEM, NC 27101	56-1631225	501(c)(3)	44.052.	0			\$37,500 ORGANIZATIONAL SUPPORT GRANT, \$4,000 ARTS IN EDUCATION GRANT &
	56-2059778	501(C)(3)	22,805,	0			\$14,100 ORGANIZATIONAL SUPPORT GRANT, \$4,000 POWER2GIVE GRANT & \$4,705 ADVERTISING ASSISTANCE
WINSTON-SALEM DELTA FINE ARTS 2611 NEW WALKERTOWN ROAD WINSTON-SALEM, NC 27101	23-7282952	501(C)(3)	42,500,	0			\$37,500 ORGANIZATIONAL SUPPORT GRANT & \$5,000 INNOVATIVE PROJECT GRANT
FORSYTH COUNTY LIBRARY 660 WEST FIFTH STREET WINSTON-SALEM, NC 27101	56-6000450	SECTION 170, C1	5,180.	0			\$5,180 ADVERTISING ASSISTANCE
AUTHORING ACTION 411 W FOURTH STREET, 101C WINSTON-SALEM, NC 27101	38-3707584	\$01(C)(3)	17,743.	o			\$12,500 ORGANIZATIONAL SUPPORT GRANT & \$5,243 POWERZGIVE GRANT
NO RULES THEATRE COMPANY PO BOX 15332 WASHINGTON, DC 20003	27-0103523	501(C)(3)	33,731.	0			\$5,331 ADVERTISING ASSISTANCE, & \$28,400 OTHER GENERAL GRANT
ARTS COUNCIL ENDOWMENT FUND, INC. 305 WEST FOURTH STREET, SUITE 1-C WINSTON-SALEM, NC 27101	26-2596119	501(C)(3)	75,000.	0			\$75,000 PER AGREEMENT BETWEEN TWIN CITY STAGE Schedule I (Form 990)

မ	
വ	
ω	
ဖ	
7	
5	
0	
56	
ц,	

Schedule I (Form 990) THE ARTS COUNCIL, INC.	COUNCIL,	INC.	I ett in the I	ited States (Sche	d Organizations in the United States (Schedule I (Form 990), Part II.)		56-0526856 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount 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
HELEN SIMONEAU DANSE 2564 ROBINHOOD ROAD WINSTON-SALEM, NC 27106	45-2901500	501(C)(3)	5,000,	0			\$5,000 INNOVATIVE PROJECT GRANT
CAROLINA CHAMBER SYMPHONY PLAYERS PO BOX 20954 WINSTON-SALEM, NC 27120	56-1833973	501(C)(3)	10,000,	0		ļ	\$10,000 INNOVATIVE PROJECT GRANT
CREATIVE CORRIDORS 380-H KNOLLWOOD STREET WINSTON-SALEM, NC 27103	27-2760328	501(C)(3)	7,500.	0			\$7,500 INNOVATIVE PROJECT GRANT
BOOKMARKS PO BOX 11867 WINSTON-SALEM, NC 27116	54-2152610	501(C)(3)	14,320.	0			\$2,000 ARTS IN EDUCATION GRANT, \$5,000 INNOVATIVE PROJECT GRANT, \$4,120 ADVERTISING ASSISTANCE
CAROLINA MUSIC WAYS 380-H KNOLLWOOD STREET WINSTON-SALEM, NC 27103	30-0169664	501(C)(3)	5 000	0			\$5,000 ARTS IN EDUCATION GRANT
CITY OF WINSTON-SALEM PO BOX 2756 WINSTON-SALEM, NC 27102	56-6000241	\$01(c)(1)	5,280.	0			\$5,280 POWER2GIVE GRANT
DOWNTOWN WINSTON-SALEM PARTNERSHIP 305 WEST FOURTH STREET, STE 2E WINSTON-SALEM, NC 27101	56-1152367	501(C)(3)	5,000	0			\$5,000 INNOVATIVE PROJECT GRANT
PAPER LANTERN THEATRE COMPANY 4120 BRIARCLIFFE ROAD WINSTON-SALEM, NC 27106	26-4380902	501(C)(3)	37,975.	0			\$10,000 INNOVATIVE PROJECT GRANT & \$27,975 OTHER GENERAL GRANT
TRIAD PRIDE MEN'S CHORUS 200 N DAVIS STREET GREENSBORO, NC 27401	56-2110477	501(C)(3)	5,000.	0			\$5,000 INNOVATIVE PROJECT GRANT

Page 1	
9	l
Ñ	l
ω	l
9	l
$^{\circ}$	ı
Ŋ	ı
0	ı
- 1	l
9	ı
S	ı

Page 2 (f) Description of non-cash assistance 56-0526856 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed EACH ORGANIZATION SUBMITS THE FOLLOWING INFORMATION AS REQUESTED IN THEIR Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance Ö 30,000 31,750 (c) Amount of cash grant 15 (b) Number of recipients THE ARTS COUNCIL, INC. ORGANIZATIONAL SUPPORT GRANT RECIPIENTS: (a) Type of grant or assistance LINE 2: Schedule I (Form 990) (2013) ARTS IN EDUCATION REGIONAL GRANTS PART I, Part III

TO THE ARTS MONTHLY ATTENDANCE REPORTING ON ORGANIZATIONAL EVENT STATISTICS A SIX (6) MONTH FINANCIAL STATEMENT SHOULD BE SUBMITTED TO THE ARTS COUNCIL

COUNCIL VIA SURVEY MONKEY.

CONTRACT:

BY FEBRUARY 1 OF EACH YEAR

Schedule I (Form 990) (2013)

Schedule (Form 990) THE ARTS COUNCIL, INC.	56-0526856 Page 2
Part IV Supplemental Information	
AN OFFICIAL AUDIT MUST BE SUBMITTED ONE MONTH AFTER THE E	ND OF THE
ORGANIZATION'S FISCAL YEAR.	
A YEAR END FINANCIAL STATEMENT SHOULD BE SUBMITTED BY AUG	UST 1.
ARTS AND EDUCATION AND INNOVATIVE PROJECT GRANT RECIPIENT	S:
FINAL REPORTS THAT INCLUDE THE FOLLOWING INFORMATION:	
AMOUNT AWARDED	
AMOUNT SPENT	
PROJECT NARRATIVE: DESCRIPTION AND EVALUATION OF THE PROJ	ECT. DESCRIBE HOW
THE PROJECT WAS PUBLICIZED, WHAT OCCURRED AND HOW SUCCESS	FUL YOU THINK THE
PROJECT WAS.	
PARTICIPATION NARRATIVE: DESCRIPTION OF HOW PROFESSIONAL	ARTISTS AND
ORGANIZATIONS WERE INVOLVED IN THE PROJECT.	
PARTICIPATION STATISTICS: PAID STAFF/VOLUNTEERS/AUDIENCE	AND TOTAL
PARTICIPANTS. THE ORGANIZATIONS ALSO PROVIDE INFORMATION	ABOUT THE
RACIAL/ETHNIC MAKEUP AND AGE.	
PROJECT EXPENSES: ACCOUNT FOR PROJECT EXPENSES, THIS INCL	UDES THE AMOUNT OF
GRANT FUNDS SPENT AS WELL AS OTHER CASH EXPENSE SPENT BY	THE GRANT
RECIPIENT.	
REGIONAL ARTIST PROJECT GRANT:	
PROJECT NARRATIVE: A DESCRIPTION AND EVALUATION OF THE PR	OJECT, INCLUDING
HOW THE GRANT IMPACTED YOUR CAREER AS AN ARTIST.	
PROJECT EXPENSES: A SUMMARY OF THE PROJECT EXPENSES AS RE	FLECTED IN YOUR
SUBMITTED BUDGET. INCLUDE COPIES OF RECEIPTS.	

NAME OF ORGANIZATION OR GOVERNMENT: WINSTON-SALEM FESTIVAL BALLET

Schedule I (Form 990) THE ARTS COUNCIL, INC.	56-0526856 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE:	
\$37,500 ORGANIZATIONAL SUPPORT GRANT, \$4,000 ARTS IN EDUC	ATION GRANT &
\$702 ADVERTISING ASSISTANCE	
VIVE INVENTIBING INDIBITION	
NAME OF ORGANIZATION OR GOVERNMENT: BOOKMARKS	
(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000 ARTS IN EDUCAT	TON GRANT
\$5,000 INNOVATIVE PROJECT GRANT, \$4,120 ADVERTISING ASSIST	TANCE &\$3,200
POWER2GIVE GRANT	

SCHEDULE K

Name of the organization

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

(Form 990)

Department of the Treasury

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection Employer identification number

(g) Defeased (h) On behalf (i) Pooled financing × ž ŝ 56-0526856 ž ۵ of Issuer × Yes Yes Yes No × ŝ ŝ BUILDIN O (f) Description of purpose Yes Yes 500,000,MULTI-USE CONSTRUCT CONTINUATIONS ŝ ŝ α Yes Yes (e) Issue price 500,000 79,719 (H 7,420,281 × × ŝ ŝ 2010 AND 05/27/10 ⋖ (d) Date issued Yes Yes (A) × × FOR COLUMNS (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, INC. POLLUTION C|59-1225493| SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? COUNCIL, which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds INDUSTRIAL THE ARTS Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III Private Business Use (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue A FACILITIES & CNTY Other spent proceeds Bond Issues Proceeds FORSYTH Part II Part I 0 N 4 ფ ဖ 8 တ 9 햔 9 က 4 Ŧ 12 13 8 ပ

332/21 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Schedule K (Form 990) 2013

56-0526856	
INC.	
COUNCIL,	
ARTS	
THE ARTS CO	
K (Form 990) 2013	!
chedule K (Fo	

			26-0	-0526856				Page 2
Part III Private Business Use (Continued)			"				0	
2. Are there any management or consider contracts that may result in private	Yes	ON N	Yes	8	Yes	ş	Yes	No No
		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by				2		2		ò
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another				è		2		2
section 501(c)(3) organization, or a state or local government		%		%		8		8
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141-12 and 1.145-2?		i	ļ					
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-27		×						
Part IV Arbitrage								
	V			8	O			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	ο <u>N</u>	Yes	No	Yes	°N
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?		×						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?		×			i			
۱ "								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
332 122 10-09-13						Sch	Schedule K (Form 990) 2013	т 990) 2013

SCHEDULE: M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 56-0526856

	THE ARTS COU	NCIL,	INC.			56-0	526	<u>856</u>	
Par				<u> </u>					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	ו ו	(d) Method of do noncash contrib	etermın	_	s
1	Art - Works of art								
2	Art - Historical treasures			<u> </u>					
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities · Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or	}	<u> </u>						
	trust interests .								
12	Securities - Miscellaneous	X	15	66,676	. FM	<u> </u>			
13	Qualified conservation contribution -								
	Historic structures .								
14	Qualified conservation contribution - Other								
15	Real estate - Residential .								
16	Real estate - Commercial .								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies		<u></u>						
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	ļ					 .		
24	Archeological artifacts	<u> </u>		4 066					
25	Other (ENTERTAINMENT)	X	3						
26	Other (FLOWERS)	X	10						
27	Other (GIFT CERTIFIC)	<u> </u>	8	1,335	FM	<u> </u>			
28	Other (<u> </u>	<u> </u>	<u> </u>					
29	Number of Forms 8283 received by the organi			•					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29					·
					00 45-4	h ald fau		Yes	No
30a	During the year, did the organization receive b								!
	at least three years from the date of the initial	CONTRIBUTION	i, and which is not	required to be used for	exempt p	urposes for	200		Х
	the entire holding period?						30a		Λ.
	If "Yes," describe the arrangement in Part II	naliou that r	oguros the review	of any non-standard co	ntribution	ne?	24		x
31	Does the organization have a gift acceptance					15 :	31		
32a	Does the organization hire or use third parties	or related o	rganizations to soi	icit, process, or seil none	Jasii		320		х
	contributions?						32a		
	If "Yes," describe in Part II	ooluma (a)	for a type of propo	rty for which column (a)	ie chack	ad			
33	If the organization did not report an amount in describe in Part II	COMMITTE	ioi a type oi piope	rty for writeri columni (a)	is CHECK	ou,			

Schedule M	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
rart II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 56-0526856

THE ARTS COUNCIL, INC.	56-0526856
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
ENRICH THE QUALITY OF LIFE IN FORSYTH AND SURROUNDING COU	NTIES. OTHER
NON-ART RELATED ORGANIZATIONS MAY RENT THESE FACILITIES AS	S WELL.
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE	CEO
BEFORE IT IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF TRUSTEES AND IS BASED ON SEVERA	L FACTORS,
INCLUDING (A) EVALUATIONS SUBMITTED ANONYMOUSLY BY THE ME	MBERS OF THE BOARD
OF TRUSTEES AND THE EXECUTIVE DIRECTORS OF THE FUNDED PAR	TNERS; AND (B) HIS
PERFORMANCE AS MEASURED AGAINST METRICS SPECIFIED IN HIS	EMPLOYMENT
CONTRACT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT O	<u>F</u>
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE	
PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

INC

THE ARTS COUNCIL,

► See separate instructions.

_	
\sim	
-	
or 37.	
_	
\sim	
•	

2013 Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number ' 56-0526856

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled ٥ × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) 509(A)(3) Exempt Code section 501(C)(3) <u>ত</u> Legal domicile (state or foreign country) NORTH CAROLINA FACILITIES FOR THE ARTS ON SPRUCE FOUNDATION TO PROVIDE FACILITIES FOR Primary activity ARTISTS AND ART ORGANIZATIONS - 26-1844532, 305 WEST 4TH STREET, SUITE Name, address, and EIN of related organization 27101 1-C, WINSTON-SALEM, NC

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

56-0526856 Page 2

Schedule R (Form 990) 2013 THE ARTS COUNCIL, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legai domicile (state or foreign	(d) Direct controlling entity	Predomina (related, i excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Ox managing Ule partner? 65) Yes No	General or Percentagé managing ownership partner?	() ntagé irship
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corpo ig the tax y	ration or Trust Co ear.	mplete if the	e organizatior	ם answered "	Yes" on Forn	n 990, Part	IV, line 34	because it ha	d one or n	nore relat	ted
(a) Name, address, and EIN of related organization	Z c	Prime	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Sectority contraction	finition ox 13) ox 13) ox 13) ox 13/0
	-												
						-							
332162 08-12-13										Schec	Schedule R (Form 990) 2013	rm 990)	2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			'
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				5		×
				19		×
				9		×
f Dividends from related organization(s)				#		×
a Sale of assets to related organization(s)				19		×
				ŧ		×
				÷	×	
Lease of facilities, equipment, or other assets to related organization(s)				;=	;	×
b I area of familities an imment or other assets from related organization(s)				\$		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
and accordant to a management and a common to a common to a	(a)			: 1		>
Performance of services of membership of formalship solicitations by	related organization(s)			Ē .	†	4 þ
	(e)iioii				T	4
 Sharing of paid employees with related organization(s) 				9		×
n Bembursement paid to related organization(s) for expenses				- 5		×
				2 5	×	
d neilliburgerrein pard by related digariization(s) for experises				2	4	
r Other transfer of cash or property to related organization(s)				Ļ.	×	:
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered	I relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(4)						
(5)						
[6]			School (Goo man D) G elinbada	O /Earm	(000	1 5

56-0526856 Page.4

Schedule R (Form 990) 2013 THE ARTS COUNCIL, II

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

hes No (Form 1065) vs.

(i) vs.

Code V-UBI General or Percentage anotations of Schedule K-1 partner?

Ves No (Form 1065) ves No end-of-year Share of assets **6** Share of total ıncome Predominant income parties ser (related, unrelated, 501(6)(3) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) 0195? **©** (state or foreign Legal domicile country) છ Primary activity 9 Name, address, and EIN of entity

Part VII Section A. Officers, Directors, Tru						ligh	est	Compensated Employ		0030
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	all 1	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any	lrect.				1 emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	hours for related	9	tee			satec		(44-2/1099-141130)		and related
	organizations	truste	in the		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	5			_
	line)	igi	histi	Officer	Key e	흁	Former			
(27) BEVERLY JENNINGS	1.00									
BOARD MEMBER		X						0.	0.	0.
(28) DR. JOHN MCCONNELL	1.00									
ANNUAL CAMPAIGN CO-CHAIR		Х						0.	0.	0.
(29) ANC NEWMAN	1.00								_	_
BOARD MEMBER		X	<u> </u>	<u> </u>				0.	0.	0.
(30) JEFF LINDSAY	1.00									_
CHAIR- ANNUAL CAMPAIGN		X	<u> </u>	<u> </u>				0.	0.	0.
(31) STUART PARKS	1.00	l						_	_	_
BOARD MEMBER		X		ļ	ļ	ļ	ļ	0.	0.	0.
(32) WILLIAM F. WOMBLE, JR.	1.00	ļ								
BOARD MEMBER		X	<u> </u>	<u> </u>			_	0.	0.	0.
(33) PEGGY REINGOLD	1.00	ļ								
BOARD MEMBER	1 00	X	-				_	0.	0.	0.
(34) STEVE DOLLASE	1.00			7,5						_
MKTING COMM CHAIR; AT-LARGE EXEC COM		X	-	Х	-			0.	0.	0.
(35) WANDA MERSCHEL	1.00	₹.,						0.	0.	_
BOARD MEMBER	1 00	X						<u> </u>	<u> </u>	0.
(36) MARK PETERS	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	┢			-		-	<u> </u>	<u> </u>	0.
(37) WADE WEAST	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	Α		 				· · · · · · · · · · · · · · · · · · ·	0.	
(38) CHERYL LINDSAY	1.00	x		x				0.	0.	О.
CO VICE CHAIR-AGENCY RELATIONS (39) CYNTHIA WILLIAMS	1.00	12		1	-			<u> </u>		
CHAIR- PERSONNEL COMMITTEE	1.00	\mathbf{x}						0.	0.	0.
(40) JAMES SPARROM	40.00		-					<u> </u>		
PRESIDENT & CEO	10,000	1		x				39,808.	0.	2,844.
FRESIDENT & CEO				T		T .	<u> </u>			
		1								
		1								
		1								
		<u></u>				L_	<u></u>			
]		_		1				
		<u> </u>		<u> </u>	<u> </u>	<u>L</u> _	<u> </u>			
		_								
	<u> </u>		<u> </u>	1	<u> </u>	<u>L</u>	<u>L.</u>			
T								30 000		2 0 4 4
Total to Part VII, Section A, line 1c								39,808.	<u> </u>	2,844.