Department of the Treasury

Internal Revenue Service

732001 11-28-17

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

-	A F	or the	2017 calendar year, or tax year beginning OCT 1, 2017 and	ending S	SEP 30, 201	8
•	B Ch	neck if oplicable	C Name of organization		D Employer ident	ification number
		Addres	THE ARTS COUNCIL, INC.			
		Name change	Doing business as		56-	0526856
		initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
		Final return/	251 NORTH SPRUCE ST.		336	-722-2585
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,868,448.
١١٩		Ameno return	WINSTON-SALEM, NC 2/101		H(a) Is this a group	
S2150	Ţ	Application pendin	F Name and address of principal officer. Fact.		for subordinat	
POSTMARK	<u> </u>		SAME AS C ABOVE	2	H(b) Are all subordinate	
콧님			empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or [ <b>(</b> ])527	-	a list (see instructions)
			e: WWW.INTOTHEARTS.ORG	l Van	H(c) Group exemp	M State of legal domicile: NC
			organization: X Corporation	L Year	of formation: 1949	M State of legal dorniche; NC
	Pa		Summary  Briefly describe the organization's mission or most significant activities SUPPO	אַר די	POMOTE AND	NURTURE
	<b>8</b>	1	ARTISTS AND ARTISTIC ORGANIZATIONS THROUG	H FUNI	D RAISING.	HORTORD
//09/	au		Check this box I if the organization discontinued its operations or dispos			assets
100	Governance		Number of voting members of the governing body (Part VI, line 1a)			3 28
121	ģ		Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4 28
\ <u>2</u>	∞ಶ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 37
` '	ţ	6	Total number of volunteers (estimate if necessary)			6 550
2019	ctivities	7 a	Total unrelated business revenue from Part VIII, column (ODINE CEIVED	_	[7	ya 365,373.
9	٩	ь	NEL DITEIRLEG DUSITIESS LAXADIE INCUITE HOUT FORTI DOCT - HELCOS			ъ <393,806.>
÷			50	S-08C	Prior Year	Current Year
APR	اه	8	Contributions and grants (Part VIII, line 1h) FEB 2 7 2019	의 누	2,658,253	
¥	n l	9	Flogram Service revenue (r art viii, line 24)	위 누	0	1
$\sim$	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and OGDEN, tit	-}	7,841	
田	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-J	0	
SCANNED	$\dashv$		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,666,094 1,709,924	
A			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	1,709,924	
ွှ			Benefits paid to or for members (Part IX, column (A), line 4)		644,226	
90	Šes		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	044,220	
	ĕ		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  361,3°	74.		
	EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		987,721	. 1,528,489.
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,341,871	. 3,810,597.
			Revenue less expenses Subtract line 18 from line 12		<675,777.	> 1,643,062.
	៦ដ			В	eginning of Current Yea	r End of Year
	Assets or Balances	20	Total assets (Part X, line 16)	<u> </u>	14,725,530	
	W. See	21	Total liabilities (Part X, line 26)	<u> </u>	5,260,061	
	욁		Net assets or fund balances Subtract line 21 from line 20		9,465,469	. 12,244,806.
		rt II	Signature Block			
			lities of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
	true,	correc	ct, and complete. Declaration of greparer (other than officer) is based on all information of wh	nich preparei	r nas any knowleoge.	
			Signature of officer		Date	, ,
	Sigr		MR. RANDY EADDY, PRESIDENT		2	122/2019
	Here	е	Type or print name and title			7 6 7 7
			Print/Type preparer's name Preparer's signature		Date Check	PTIN
	Paid		JANE R POTTER CON ROLL	. [	2/21/19 It self-err	P01057495
	Prep		Firm's name BUTLER + BURKE, LUP	<del></del>	Firm's EIN	F.C. 4400500
	Use		Firm's address 100 CLUB OAKS COURT			
	_		WINSTON-SALEM, NC 27104		Phone no 3	36-768-2310
	May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		_	8-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2017)

		56-0526856 Page	<u>. 2</u>
Par	t III Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission		
	THE ORGANIZATIONAL MISSION IS TO SUPPORT AND ADVANCE THE I		_
	INNOVATION IN AND ACCESS TO THE ARTS AS A CORE COMMUNITY V	VALUE, BY	
	PROVIDING GRANTS AND VENUES FOR ARTISTS AND ART ORGANIZAT:		
	PRACTICE AND EXECUTE THEIR ART FORM IN FACILTIES THAT ARE	EFFICIENTLY	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X N	lo
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	lo
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported	the total expenses, and	
4-	2 202 021 1 276 706	s 312,196.	
4a	(Code ) (Expenses \$ 2,283,021. including grants of \$ 1,276,706. ) (Revenue: THE ARTS COUNCIL OWNS AND MANAGES VARIOUS ARTS COMPLEXES,		_ ′
			—
			—
	IN THE CENTER OF DOWNTOWN WINSTON-SALEM. THE PROPERTIES II		—
	COMMUNITY EVENT SPACES, OFFICES FOR NONPROFIT CHARITABLE (		—
	ACTIVITY ROOMS FOR CHILDREN AND ADULT PROGRAMMING AND RELA	ATED SPACES.	—
4b	(Code ) (Expenses \$ including grants of \$) (Revenue	\$	
			<b>-</b> ′
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			_
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		<u> </u>	—
4c	(Code) (Expenses \$) (Revenue	\$	_ )
			_
			_
			—
			—
		<del></del>	—
			—
		<del></del>	—
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 2, 283, 021.		
		Form <b>990</b> (20	17)

Form 990 (2017) THE ARTS COUNCIL, INC.
Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			••
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			لـــــــــــــــــــــــــــــــــــــ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	עוו		
С		11c		Х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-
f	The state of the s			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		<u> </u>
l4a	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		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,	ا ا		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G. Part III	19	000	

Form 990 (2017) THE ARTS COUNCIL, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_103_	X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
۷,	domestic 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 or for domestic individuals on			
_	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	$\mathbf{X}_{\perp}$	
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			
	Schedule J	23	X	
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			
	Schedule K If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u>X</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>X</u> _
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	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 "Yes,"			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	27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	•	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	_36_	<del>                                     </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37_	<u> </u>	<del></del>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Hote. Air Form 330 files are required to complete oureddie O			(2017)
				· · · /

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 37 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 organization solicit any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a

56-0526856 THE ARTS COUNCIL, Page 6 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 Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year 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 O. 28 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7<u>a</u> more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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: 8 X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 Another's website X Upon request Other (explain in Schedule O) Own website

statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records REBECCA BENDER - 336-722-2585

WINSTON-SALEM

27101

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

SUITE

206 N SPRUCE STREET,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A)	(B)	Jiga	IIIZQ.		<del>00</del> >)	ipei	July	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one.	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	er an	uao	recto	17005	[	from	from related	other
	(list any hours for	Individual trustee or director				_	1	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			ısalec		(W-2/1099-MISC)	(***271099****100)	organization
	organizations	truste	al tru:		yee	ia iii	l	(,		and related
	below	ıdual	Institutional trustee	ıa	Key employee	Highest compensated employee	듈			organizations
	line)	nd.	Instr	Officer	Key	돌흡	Former			
(1) ADRIANA GRANADOS	1.00									
BOARD MEMBER		X					Ĺ_	0.	0.	0.
(2) ALLISON NORTON-RIMRON	1.00							ļ		
TREASURER		X		X		<u> </u>	_	0.	0.	0.
(3) ANC NEWMAN	1.00							1		
BOARD MEMBER		X						0.	0.	0.
(4) CAMILLE KLUTTZ-LEACH	1.00					ļ				
BOARD MEMBER		X						0.	0.	0.
(5) CHARLES IACOVOU	1.00									
BOARD-MEMBER		Х						0.	0.	0.
(6) CHERYL LINDSAY	1.00									
BOARD MEMBER		X					L	0.	0.	0.
(7) CHRISTINA SORIANO	1.00						ľ	1		
BOARD MEMBER		X					L	0.	0.	0.
(8) DANA CAUDILL JONES	1.00									
BOARD MEMBER	<u></u>	Х				<u> </u>		0.	0.	0.
(9) DREW GERSTMYER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) ERIC SWAIM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GREG SCOTT	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) JASON KAPLAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MARK PETERS	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) MELINDA MCCONNELL	1.00									
AT LARGE EXECUTIVE MEMBER		X		X				0.	0.	0.
(15) MICHAEL KELLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) MICHAEL SUGGS	1.00									_
BOARD MEMBER		X						0.	0.	0.
(17) MIKE LANCASTER	1.00									<del></del>
BOARD MEMBER		X						0.	0.	0.

(A) Name and tule    Average   Population	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u> 1 Hig</u>	ghes	st C	ompensated Employee	s (continued)				
Note: All of the house per water and the second and	(A)	(B)	ĺ		(0	C)			(D)	(E)	,		(F)	
NOUTE   FORT   NOUTE   FORT   NOUTE   FORT   NOUTE	Name and title	Average	(do					one	Reportable	Reportable		Es	stimate	:d
Compensation   Com			box	, unle	ss pe	rson i	ıs botl	n an	compensation	compensatio	n	ar	nount (	of
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(159) NOTEX ALSTON (159) PAUTA MICROY (179) PAUTA MICROY (170) PAUTA		line)	ndivi	Institu	Office	(ey en	Hghe	Ē				3		
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1.00   X	BOARD MEMBER		X						0.		0.			0.
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(22) RICK MOSS 1.00 X X 0. 0. 0. 0. (22) RICK MOSS 1.00 X X 0. 0. 0. 0. (23) ROSA OTERO 1.00 X X 0. 0. 0. 0. 0. (23) ROSA OTERO 1.00 X X 0. 0. 0. 0. 0. (24) STANEEN SYAL X 0. 0. 0. 0. 0. (24) STANEEN SYAL 1.00 X X X 0. 0. 0. 0. 0. (25) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. (25) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. (25) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. (26) STEVE BERLIN 1.00 X X X 0. 0. 0. 0. 0. (26) STEVE BERLIN 1.00 X X X 0. 0. 0. 0. 0. (27) STANEEN SYAL X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. (28) SILVIA RODRICUEZ 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(20) PORTIA MOUNT	1.00												
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CIAIR    X   X   0	BOARD MEMBER		X					<u>L</u>	0.		0.			0.
CAST   STANT   COMPRISED   C	(22) RICK MOSS	1.00												
BOARD MEMBER    X   0. 0. 0. 0. 0. (24) SHAHEEN SYAL   1.00   X   X   0. 0. 0. 0. 0. (25) STEVIA ROPRIGUEZ   1.00   X   X   X   0. 0. 0. 0. 0. (26) STEVE BERLIN   1.00   X   X   0. 0. 0. 0. 0. 0. (26) STEVE BERLIN   1.00   X   X   0. 0. 0. 0. 0. 0. 0. (26) STEVE BERLIN   1.00   X   X   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CHAIR		X	L.,	X			L	0.		0.			0.
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VICE-CHAIR  (25) SITUYIA RODRIGUEZ  AT LARGE EXECUTIVE MEMBER  X X X 0. 0. 0. 0.  (26) STEVE BERLIN  1.00  SECRETARY  10 0. 0. 0. 0.  (27) STEVE BERLIN  10 0. 0. 0. 0. 0.  10 0. 0. 0. 0.  10 0. 0. 0. 0.  10 0. 0. 0. 0. 0.  11 49,044. 0. 7,283.  10 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization of line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  None Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	BOARD MEMBER		X					L	0.		0.			0.
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AT LARGE EXECUTIVE MEMBER    X   X   0	VICE-CHAIR		X		X		<u> </u>	L	0.		0.			0.
SECRETARY	(25) SILVIA RODRIGUEZ	1.00												
Sub-total	AT LARGE EXECUTIVE MEMBER		X		X		<u> </u>	<u> </u>	0.		0.			0.
to Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° // "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° // "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address NONE  Description of services  7 Total number of independent contractors (including but not limited to those listed above) who received more than	(26) STEVE BERLIN	1.00					1							
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the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		mneneated inc	lana	nder	at co	ntr:	acto	re th	nat received more than \$	100 000 of comp		tion fr		
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Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		ine calendar ye	Jai C	, i i Cili	<u>19.44</u>	1111	J1 VVI	T		Cai I		10	3)	_
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		-	ot lir	nited	d to		_	ted	above) who received mo	ore than				_

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate of Employees (2014)   Name and title   Nove apply   Nove for related   Nove apply   Nov	Form 990 THE ARTS	COUNCIL	1,	TM	C.					36-032	0030
(8) Name and title  (9) Name and title  (1) Na		ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
Name and title				_							(F)
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Per   week   (lest any)   hours for related organizations   below   lest any)   hours for related organizations   below   lest may   lest my   l	Name and the	_	<sub>(c</sub>					LΛ			
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BOADD MEMBER   X			<u> </u>	=	_	<u> </u>	<u> </u>	-			
(28) SUB HENDERSON BOARD MEMBER (29) JAMES SPARROW PRESIDENT 4 CEO (ENDING 7/31/18)  RESIDENT 4 CEO (BEG. 8/1/18)	(27) STUART PARKS	1.00								_	_
BOADD MEMBER    X   0. 0. 0. 0. (29) JAMES SPARROW   40.00   X   149,044.   0. 7,283.   (30) RANDY EADDY   40.00   X   0. 0.   0.   0.   0.   0.   0	BOARD MEMBER		X	Ш		<u> </u>	<u> </u>		0.	0.	0.
(29) JAMES SPARROW TO THE CEO (ENDING 7/31/18)  X 149,044. 0. 7,283.  (30) RANDY EADDY 40.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(28) SUE HENDERSON	1.00	ļ								
(29) JAMES SPARROW TO THE CEO (ENDING 7/31/18)  X 149,044. 0. 7,283.  (30) RANDY EADDY 40.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	BOARD MEMBER	1	Х						0.	0.	0.
PRESIDENT & CEO (ENDING 7/31/18)  X 149,044. 0. 7,283.  (30) RANDY EADDY ACEO (BEG. 8/1/18)  X 0. 0. 0. 0. 0.	(29) JAMES SPARROW	40.00									
(30) RANDY EADDY PRESIDENT & CEO (BEG. 8/1/18)  X  0.  0.  0.  0.  1.  1.  1.  1.  1.  1.			i		x				149.044.	0.	7.283.
PRESIDENT & CEO (BEG. 8/1/18)  X  0. 0. 0. 0. 0.		40 00		┢		$\vdash$	$\vdash$		113,011.	<u> </u>	7,2031
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Total to Part VII, Section A, line 1c 149,044. 7,283.	PRESIDENT & CEO (BEG. 8/1/18)		_	<u> </u>	Δ.		_	_	0.	0.	0.
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Total to Part VII, Section A, line 1c 149,044. 7,283.			<del> </del>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	-	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	
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	. Otto to the virg occion ry mio to										

56-0526856

WW.	**************************************	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
6 3	b	Membership dues	1b					
وَق	c	: Fundraising events	1c					
E its	d	Related organizations	1d					
5 習		Government grants (contribut						
20	f	All other contributions, gifts, gran	· <del></del>					
	•	similar amounts not included abo	F 1	3,147,667.				
真白		Noncash contributions included in lines		1,458.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			3,147,667.			
				Business Code				
إيها	2 a	MILTON RHODES CENTER		531119	342,596.	164,652.	177,944.	
. <u>Ş</u> .	b	ARTS_COUNCIL_THEATRE		531119	120,282.	57,807.	62,475.	
Se	c	HANESBRANDS THEATRE		711190	112,787.	60,666.	52,121.	
am	d	PARKING LOTS		531190	60,489.	29,071.	31,418.	
Program Service Revenue	е	•						
4	~ f	All other program service reve	nue					
	9	Total. Add lines 2a-2f		<u></u>	636,154.			
	3	Investment income (including	dividends, intere	st, and				ļ
		other similar amounts)		<b>&gt;</b>	19,102.			19,102.
-	4	Income from investment of tax	x-exempt bond p	roceeds >				
	5	Royalties				•		
			(i) Real	(ii) Personal				
	6 a	Gross rents						
ľ	b	Less rental expenses						
1	С	: Rental income or (loss)	L	<u> </u>				
	d	Net rental income or (loss)		▶_		200000000000000000000000000000000000000	*****	22.4420.6220.000
]	7 a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory		2,998,292.				
1	ь	Less. cost or other basis		l				
		and sales expenses		1,414,789.				
l	C	: Gain or (loss)	L	1,583,503.				
		Net gain or (loss)			1,583,503.	2011200.000.000.000.000.000.000.000.000.	10000 500.00.0070000000000000000000000000	1,583,503.
စ္ခ	8 a	Gross income from fundraising	g events (not	1				
Other Revenu		including \$	of					
<u></u>		contributions reported on line	1c) See		,			
- To		Part IV, line 18	a					
됩		Less direct expenses	. <b>b</b>	L	<u> </u>			
-		Net income or (loss) from fund			25.55.000.000.000.000.000.25.25.25.25.25.25.25.25.25.25.25.25.25.		867-86988-8-279-978-8698-869-868-	\$200.0000000000000000000000000000000000
l	9 a	Gross income from gaming ac						
ľ		Part IV, line 19	а.					
		Less direct expenses	b	L	**************************************	**************************************	598 S.	(1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (1000 (100)
		<ul> <li>Net income or (loss) from gam</li> <li>Gross sales of inventory, less</li> </ul>	-					
1	10 a	and allowances		] `				
	h	Less cost of goods sold	a b					
1		: Net income or (loss) from sale	_	_	POTENCIA - 2013 102 00 00 00 00 00 00 00 00 00 00 00 00 0	>>>> 100 (0.00)	www.wassurance.maker.oroniza.ugiyase.	ANN A SANAGAMAN SANAGAN SANAGA
		Miscellaneous Revenu		Business Code				
Ì	11 a	MISCELLANEOUS INCOME	<del>-</del>	900099	67,233.	WAR WAR THE	41,415.	25,818.
	b						,	, ,
1	c							
J	d							
1		Total. Add lines 11a-11d		<b>&gt;</b>	67,233.			
- 1		Total revenue. See instructions.			5,453,659.	312,196.	365,373.	1,628,4234

Form 990 (2017) THE ARTS COUN
Part X Statement of Functional Expenses

-	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX  (A)  (B)  (C)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations		expenses							
·	and domestic governments. See Part IV, line 21	1,239,651.	1,239,651.							
2	Grants and other assistance to domestic									
_	individuals See Part IV, line 22	37,055.	37,055.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,				:					
	trustees, and key employees	156,148.		19,996.	136,152					
6	Compensation not included above, to disqualified		,		1					
	persons (as defined under section 4958(f)(1)) and				1					
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	676,597.	350,740.	254,126.	71,731					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	14,113.	2,739.	6,694.	4,680					
9	Other employee benefits	93,918.		35,515.	27,897					
10	Payroll taxes	64,626.	22,233.	29,176.	13,217					
11	Fees for services (non-employees)									
а	Management									
b	Legal	10.100		16 100	F					
С	Accounting	18,100.	2,000.	16,100.						
d	Lobbying		1999-99/7/2014/04/04/04/04/04/04/04/04/04/04/04/04/04	X2.718.12964.288888888888888	l <del>'</del>					
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,	70 461	40,397.	12,000.	18,064					
	column (A) amount, list line 11g expenses on Sch O.)	70,461. 8,988.	695.	8,293.	10,004					
12	Advertising and promotion	123,538.		51,483.	52,765					
13	Office expenses	23,326.	19,290.	23,326.	32,103					
14	Information technology	23,320.		25,520.						
15	Royalties	309,081.	301,219.	3,250.	4,612					
16	Occupancy	584.	301,213.	402.	182					
17	Travel	304.		1021						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
10	Conferences, conventions, and meetings	3,198.		2,296.	902					
19	Interest	160,009.	139,094.	20,915.						
20 21	Payments to affiliates		100,001.							
22	Depreciation, depletion, and amortization	502,738.		502,738.						
23	Insurance	42,686.	30,933.	11,753.						
23 24	Other expenses. Itemize expenses not covered									
24	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	BAD DEBT EXPENSE	137,627.		137,627.						
b	BANKING FEES	29,328.	6,112.	17,622.	5,594					
c	PARKING	28,177.	28,177.							
d	SPECIAL EVENTS	26,351.		773.	25,578					
	All other expenses	44,297.	32,180.	12,117.						
25	Total functional expenses Add lines 1 through 24e	3,810,597.	2,283,021.	1,166,202.	361,374					
26	Joint costs. Complete this line only if the organization									
	,	1								
	reported in column (b) joint costs nom a combined	1								
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			,						

Pa	t XX	Balance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing		120,236.	1_	368,243.
	2	Savings and temporary cash investments			2_	2,083,454.
	3	Pledges and grants receivable, net		1,611,784.	3	1,907,331.
	4	Accounts receivable, net		143,248.	4	149,820.
	5	Loans and other receivables from current and for	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	A CAN SOLD WITH SECURITY WAY A SOUTH WAY
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		Y.	
		employers and sponsoring organizations of sections				
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		101.05	7	10100
Ä	8	Inventories for sale or use		134,965.	8	134,965.
	9	Prepaid expenses and deferred charges		33,639.	9	58,473.
	10 a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 15,166,295.	450 655	\$338X	<b>****</b>
-	b	Less accumulated depreciation	10b 5,182,036.	450,677.	10c	9,984,259.
	11	Investments - publicly traded secunties		1 220 500	11	1 222 116
	12	Investments - other securities See Part IV, line 1		1,338,592.	12	1,332,116.
	13	Investments - program-related See Part IV, line 1	11		13	
	14	Intangible assets		10 000 300	14	1 046 050
	15	Other assets See Part IV, line 11		10,892,389.	15	1,046,059.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	14,725,530. 233,440.	16	17,064,720. 272,114.
	17	Accounts payable and accrued expenses		233,440.	17	2/2,114.
	18	Grants payable			18 19	18,918.
	19	Deferred revenue		4,851,621.	20	4,511,473.
	20	Tax-exempt bond liabilities	Cont IV of Cobodulo D	4,031,021.	21	4,511,475.
	21	Escrow or custodial account liability Complete F Loans and other payables to current and former			<u> </u>	72.00.000000000000000000000000000000000
Ses	22	key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L	s, and disqualified persons	3000 1 100 000 100 000 000 000 000 000 0	22	3402-02 (dette - 1866) 9800 (de 2560, de 6000) (de 6000)
Ē	23	Secured mortgages and notes payable to unrela	ted third parties	175,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	•			
		parties, and other liabilities not included on lines				
		Schedule D	z ., complete v alevi e	0.	25	17,409.
	26	Total liabilities. Add lines 17 through 25		5,260,061.	26	4,819,914.
		Organizations that follow SFAS 117 (ASC 958)	, check here X and			
(n		complete lines 27 through 29, and lines 33 and				
čě	27	Unrestricted net assets		5,187,955.	27	7,784,362.
<u>a</u>	28	Temporarily restricted net assets		2,982,361.	28	3,165,191.
ä	29	Permanently restricted net assets		1,295,153.	29	1,295,253.
Š		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🔲		<b>****</b>	
F		and complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	•		32	
Š	33	Total net assets or fund balances		9,465,469.	33	12,244,806.
	34	Total liabilities and net assets/fund balances		14,725,530.	34	17,064,720.

Form	990 (2017) THE ARTS COUNCIL, INC.	56-	0526856	Page 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,453	<u>,659.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,810	<u>,597.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1,643	
· 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,465	
์ 5	Net unrealized gains (losses) on investments	5	. 62	<u>,008.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,074	<u>,267.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	12,244	<u>,806.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
	ж. ж		Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	basis,		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	3226	***   *****   ·
	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 Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audr	[ · · · · · ] -	****   \$2.555
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	. 1

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			ARTS COUNC.					0-0320030			
Pa	rt I	Reason for Public C	Charity Status 🕢	All organizations must co	mplete th	ıs part ) Se	e instructions				
ſ'ne	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box)		,			
1		A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990 or 99	90-EZ))	()1				
3		A hospital or a cooperative					i).				
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state	·								
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in			
•		section 170(b)(1)(A)(iv). (C		,	•	, ,					
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)(A)	(v)				
	X	An organization that normal	•				• •	nublic described in			
'	لششا	section 170(b)(1)(A)(vi). (C	•	initial part of its support in	om a gove	on in the state of	anii or nom the general i	pablic accombed in			
۰		A community trust describe		(1)(A)(vi) (Complete Part	F II A						
8	H					ad in conii	inction with a land-grant	college			
9	ш	An agricultural research org					=	-			
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the	name, city	, and state of the college	; Of			
40		university		than 22 1/20/ of the supe			as mambaraba fasa an	d areas research from			
10	ш	An organization that norma	•	• •			•	=			
		activities related to its exem		•				=			
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975			
		See section 509(a)(2). (Cor									
11	$\vdash$	An organization organized a	· · · · · · · · · · · · · · · · · · ·		-			,			
12	Ш	An organization organized a									
		more publicly supported or						Check the box in			
		lines 12a through 12d that o				-	<del>-</del>				
а			•	•	-	_					
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting			
	_	organization You must o	omplete Part IV, Se	ections A and B.							
b	· L_	Type II. A supporting org.	•					=			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted			
		organization(s) You mus	t complete Part IV,	Sections A and C.							
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		ts supported organization	n(s) (see instructions)	You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organi	zation(s)			
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness			
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
	functionally integrated, or Type III non-functionally integrated supporting organization										
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	(i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions)										
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
					<u> </u>						
					<u></u>			<u> </u>			
					l						

Partill 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	4107497.	3013765.	3252090.	2658253.	3147667.	16179272.
2	Tax revenues levied for the organ-						· - <del></del>
	ization'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	4107497.	3013765.	3252090.	2658253.	3147667.	16179272.
5	The portion of total contributions			A 1			
	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)						2894582.
	Public support. Subtract line 5 from line 4						13284 <u>69</u> 0.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4107497.	3013765.	3252090.	2658253.	3147667.	16179272.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,087.	14,400.	9,618.	7,841.	19,102.	52,048.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					0.	<u></u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	5,983.	2,802.	6,057.		25,818.	40,660.
11	<b>Total support.</b> Add lines 7 through 10						16271980.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	354,923.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
800	organization, check this box and stop		tone			<del></del>	
	tion C. Computation of Publi		<del></del>				01 64
	Public support percentage for 2017 (li		•	olumn (f))		14	81.64 %
	Public support percentage from 2016					15	84.98 %
16a	33 1/3% support test - 2017. If the c	-		i line 13, and line 1	14 is 33 1/3% or mi	ore, check this box	
	stop here. The organization qualifies		•	40 40 1			►X
D	33 1/3% support test - 2016. If the c	=			line 15 is 33 1/3%	or more, check the	s box
47.	and stop here. The organization quali				.40 46466 -	nd l.m. 44 := 4004	<b>P</b>
ı/a	10% -facts-and-circumstances test	J					•
	and if the organization meets the "fac-			•	•	t vi now the organ	iization 🛌 🥅
	meets the "facts-and-circumstances"	•	•	*	-	70. and line 15 :- :	10% or
מ	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						, ►□
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n did not check a l	DOX OF TIME 13, 168	a, 100, 17a, 01 1/0	, check this box ar	id see instructions	

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		'	
٠		Yes	No
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	2	8709700000	29562555
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	3b	A000000000	20000000000
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		480.46400k	JP21605081
	10a	\$2 <b>\$\$</b>	**************************************
	10b		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

	Type III Non-Functionally Integrated 509(a)(3) Supporting			6-0326836 Page 6
AA7 - 1111	, , , , , , , , , , , , , , , , , , , ,			11(1)
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	(D) C
Secti	on A - Adjusted Net Income		. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_ 3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	, .	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		**************************************
	Average monthly cash balances	1b		,
	Fair market value of other non-exempt-use assets	1c		,
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	- 10		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	54.454.644.645.056.54.556.54.556.5	48-90000000 200-1000000400005-1000-0000-9900-40000
3	Subtract line 2 from line 1d	3		
4		<del> </del>		
*	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	. 4		<b>'</b>
	See instructions)	5		<del></del>
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	6	, .	
<u>-6</u>	Multiply line 5 by 035	7		
7	Recoveries of prior-year distributions	8		
<u>8</u>	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	·		Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4	Enter greater of line 2 or line 3	4		·
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

8 Breakdown of line 7a Excess from 2013b Excess from 2014

c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 THE ARTS COUNCI	L, INC.	56-0526856 Page 8
Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2 (See instructions)	9c, 11a, 11b, and 11c, Part IV, Section B, lin lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, P	a or 17b, Part III, line 12, es 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
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			<del></del>

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE ARTS COUNCIL, INC.

Employer identification number 56-0526856

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
<u> </u>	conservation easements rt III   Organizations Maintaining Collections of	Art Historical Traccures or Of	har Similar Assats
Ра			Hei Sillilai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		<b>•</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>*</b>
	(ii) Assets included in Form 990, Part X		<b>*</b>
2	If the organization received or held works of art, historical tree		i gain, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items	<b>.</b>
а	Revenue included on Form 990, Part VIII, line 1		<b>*</b>
h	Assets included in Form 990 Part Y		<b>₽</b> 5

		S COUNCIL,				56-05			<u>age 2</u>
Par	t III Organizations Maintaining C	ollections of Art	<u>, Historical Tre</u>	asures, or O	ther Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are	a significant i	use of its c	ollection	ıtems	
	(check all that apply)								
а	Public exhibition	d	Loan or excl	nange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt purpo	se in Part	XIII		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other sir	nılar assets		_		
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes	" on Form 99	0, Part IV, I	ıne 9, or		
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	not included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table			,			
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d	ļ			
е	Distributions during the year				1e				
f	Ending balance				1f	<u> </u>			
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	istodial account l	liability?		Yes		No
	If "Yes," explain the arrangement in Part XIII								
Paı	t V   Endowment Funds. Complete r	f the organization and	swered "Yes" on Fo	rm 990, Part IV, I	ine 10		<b></b>		
		(a) Current year	(b) Prior year	(c) Two years ba		years back	(e) Four		
1a	Beginning of year balance	1,339,613.	1,275,691.	1,227,46		158,135.		713,	
b	Contributions	100.	1,021.	21,40	<del></del>	162,273.		<u>_</u>	380.
C	Net investment earnings, gains, and losses	72,448.	100,725.	86,04	49. <	72,593.>		27,	575.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	79,024.	37,824.	59,2	34.	20,348.		<u>19,</u>	769.
f	Administrative expenses								
g	End of year balance	1,333,137.	1,339,613.	1,275,69	91. 1,	227,467.	1,	158,	135.
2	Provide the estimated percentage of the curr	·	(line 1g, column (a)	) held as					
а	Board designated or quasi-endowment	.00	_%						
b		%							
С	Temporarily restricted endowment	2.8 <u>4</u> %							
	The percentages on lines 2a, 2b, and 2c show								
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered f	or the organiz	ation	г	—	
	by							Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)	$\longrightarrow$	_X_
b	If "Yes" on line 3a(ii), are the related organiza	•					3b		
4	Describe in Part XIII the intended uses of the		vment funds						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered					<del> </del>			
	Description of property	(a) Cost or of	1 '		(c) Accumulat		(d) Book	c value	€
		basis (investm	<u> </u>	<del> </del>	depreciation	<u>'</u>	051		47
	Land			1,947.	2 EE4 2	60		1,94	
	Buildings				3,554,2		7,691		
	Leasehold improvements			1,652.	290,5			1,06	
	Equipment				$\frac{1,112,1}{224}$		1,009		
е	Other		22	5,405.	224,9		9 984		20.
	بالمانية والمساهيات ووالمواسية والماسية			A - 1		_	4 4×/	. /'	3 M

Schedule D (Form 990) 2017 THE ARTS CO	UNCIL, INC	•	56	-0526856 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b See Form 990	), Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) BENEFICIAL INTEREST HELD				
(B) BY OTHERS	1,332,1	16. END-OF-	YEAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,332,1	16.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"			), Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)	<u> </u>			·
(5)				
(6)				
(7)			<u></u>	
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				<u> </u>
Part X Other Assets.				
Complete if the organization answered "Yes"		/, line 11d See Form 990	), Part X, line 15.	
<del></del>	Description			(b) Book value
(1) LIFE INSURANCE				688,587.
(2) CONSTRUCTION IN PROCESS				357,472.
(3)				
(4)				
(5)				
(6)	<u> </u>			
(8)	<u> </u>			
(9)	<del></del>		<del></del>	1 046 050
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X  Other Liabilities.	e 15.)			1,046,059.
Complete if the organization answered "Yes"	on Form 990, Part IV		rm 990, Part X, line 25	CONTRACTOR OF THE PROPERTY OF
1. (a) Description of liability		(b) Book value	4	
(1) Federal income taxes			4	
(2) LEASE OBLIGATION		17,409	.	

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LEASE OBLIGATION	17,409.	
_ (3)		
_ (4)		
(5)		
_ (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	<b>▶</b> 17,409.	

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

Sche	dule D (Form 990) 2017 THE ARTS COUNCIL, INC.		56-05	26856	Page 4
Par	t⊗XIS Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1	<u>5,539,</u>	667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments		008.		
b	Donated services and use of facilities	2b 24,	000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d	(Elegh)		
е	Add lines 2a through 2d		2e		008.
3	Subtract line 2e from line 1		3	<u>5,453,</u>	659.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b	2:38		_
С	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	··	5	5,453,	659.
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	s per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		· · · · · · · · · · · · · · · · · · ·	2 224	<b>505</b>
1	Total expenses and losses per audited financial statements		1	3,834,	597.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a 24,	000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d	35.75	2.4	000
е	Add lines 2a through 2d		2e		000.
3	Subtract line 2e from line 1		3	3,810,	59/•
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	\$334.78		0
С	Add lines 4a and 4b		4c	3,810,	F07
5 KD#	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	3,810,	397.
	TXIII Supplemental Information.	0/1 41 105 D-1	V I A D V I	0 D-4 V	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		V, line 4, Paπ X, II	ne 2, Part X	١,
iines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	monai information			
PAI	RT X, LINE 2:				
		<del></del> -			
TH	COUNCIL'S PRIMARY TAX POSITIONS RELATE TO	O ITS STATUS	AS NOT-FO	R-PROF	TIT
			TTT		
EN'	TITY EXEMPT FROM INCOME TAXES AND CLASSIFIC	CATION OF ACT	IVITIES R	ELATEL	,
ШΟ	ITS EXEMPT PURPOSE. IT IS THE OPINION OF A	ИАМАСЕМЕМТ ТН	ат тиккк	ARE NO	)
10	115 EXEMPT PORPOSE: 11 15 THE OTTATION OF I	MHINODINDINI III	111 1112112	111111111	
TTNI	CERTAIN TAX POSITIONS THAT WOULD BE SUBJECT	r TO CHANGE U	PON EXAMI	NATION	I.
011	JUNIATIV TIME TODITIONS THEIR WOOLS SE BOSSES.				-
		· · · ·			
				<u> </u>	
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE ARTS COUNCIL,		INC.					Employer identification number 56 – 0526856
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants of	or assistance, the g	grantees' eligibility	for the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
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.	stance? ocedures for monit	orna the use of arant f	unds in the United	States			X Yes No
۱ã۱	Domestic Organiz	ations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on 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 if additional space is needed	\$5,000. Part II can	be duplicated if additio	nal space is neede	þ			
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A/PERTURE							
311 WEST 4TH STREET				•			
WINSTON-SALEM, NC 27101	81-3111992 501(C)(3	501(c)(3)	5,000.	0.			SERIES GRANT
ASSOCIATED ARTISTS OF							\$11,000 ANNUAL EVENT AND
WINSTON-SALEM - 301 WEST FOURTH STREET - WINSTON-SALEM NC 27101	58~1498864 501(C)(3	501(C)(3)	14 000	0			SERIES GRANT & \$3,000 ARTS IN EDUCATION GRANT
							\$20,000 ORGANIZATIONAL
BOOKMARKS							SUPPORT GRANT, \$5,000
PO BOX 11867							CREATIVE VENTURES GRANT &
WINSTON-SALEM, NC 27116	54-2152610 501(c)(3	501(C)(3)	30,000.	0.			\$5,000 ARTS IN EDUCATION
CAROLINA MUSIC WAYS				·			
380-H KNOLLWOOD STREET							\$5,500 ARTS IN EDUCATION
WINSTON-SALEM, NC 27103	30-0169664 501(C)(3	501(c)(3)	2,500.	0.			GRANT
CENTER FOR CREATIVE ECONOMY							
5212 CEDARWOOD CREEK DRIVE WINSHON-SALEM NC 27104	27-5003133	501(0)(3)	15,000	c			\$15,000 CREATIVE VENTURES
HISPANIC LEAGUE							
251 N SPRUCE STREET				•			\$5,000 ANNUAL EVENT AND
WINSTON-SALEM, NC 27101	56-1791215 501(c)(3	501(C)(3)	2,000.	0.			SERIES GRANT
2 Enter total number of section 501(c)(3) and government organizations	ind government org	janizations listed in the	listed in the line 1 table				▶ 25.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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Schedule I (Form 990) THE ARTS COUNCIL, INC.	COUNCIL,		Organizations in the United States	1	(Schedule   (Form 990)   Part    )		56-0526856 Page 1
1	(b) EiN		(d) Amount of cash grant	1 7 7 9	(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)	6,500.	0			\$6,500 ANNUAL EVENT AND SERIES GRANT
MUSIC CAROLINA 706 BANNER AVE WINSTON-SALEM, NC 27127	56-1459064	501(C)(3)	6,000.	0			\$6,000 ARTS IN EDUCATION GRANT
NORTH CAROLINA BLACK REPERTORY COMPANY - 419 SPRUCE STREET - WINSTON-SALEM, NC 27101	58-1518704 501(C)(3)	501(C)(3)	126,000.	.0			\$126,000 ORGANIZATIONAL SUPPORT GRANT
OLD SALEM P.O. DRAWER F, SALEM STATION WINSTON-SALEM, NC 27108	56-0587289 501(C)(3)	501(C)(3)	40,000.	0			\$40,000 ORGANIZATIONAL SUPPORT GRANT
PIEDMONT CRAFTSMAN 601 NORTH TRADE STREET WINSTON-SALEM, NC 27101	56-0818342 501(C)(3)	501(C)(3)	74,652.	0.			\$64,652 ORGANIZATIONAL SUPPORT GRANT & \$10,000 ARTS IN EDUCATION GRANT
PIEDMONT OPERA 235 N. CHERRY STREET, SUITE 100 WINSTON-SALEM, NC 27101	59-1743689	501(C)(3)	59,747.	0			\$59,747 ORGANIZATIONAL SUPPORT GRANT
PIEDMONT WIND SYMPHONY 305 WEST FOURTH STREET, UNIT 1B WINSTON-SALEM, NC 27101	56-1627179	501(C)(3)	44,000.	0.			\$30,000 ORGANIZATIONAL SUPPORT GRANT & \$14,000 PARK PROGRAMMING
REYNOLDA HOUSE MUSEUM OF AMERICAN ART - P.O. BOX 7287 - WINSTON-SALEM, NC 27109	56-0810676 501(C)(3)	501(C)(3)	40,000.	0.			\$40,000 ORGANIZATIONAL SUPPORT GRANT
RIVERRUN INTERNATIONAL FILM FESTIVAL - 305 WEST FOURTH STREET, SUITE 1-A - WINSTON-SALEM, NC 27101	20-0254183	501(C)(3)	67,000.	0.			\$67,000 ORGANIZATIONAL SUPPORT GRANT Schedule l'Eorm 000)

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Schedule I (Form 990) THE ARTS (	COUNCIL,	INC.				5	56-0526856 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go		Organizations in the United States		(Schedule I (Form 990), Part II)	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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAWTOOTH SCHOOL OF VISUAL ART 251 N SPRUCE STREET WINSTON-SALEM, NC 27101	56-0596516	501(C)(3)	.969,68	.0			\$87,696 ORGANIZATIONAL SUPPORT GRANT & \$2,000 EARLY LEARNING GRANT
SOUTHEASTERN CENTER FOR CONTEMPORARY ART - 750 MARGUERITE DRIVE - WINSTON-SALEM, NC 27106	26-0656890	501(C)(3)	117,137.	0			\$107,837 ORGANIZATIONAL SUPPORT GRANT & \$9,300 ARTS IN EDUCATION GRANT
TAM TAM MANDIGUE 2721 CARDIFF COURT WINSTON-SALEM, NC 27103	20-0442598	501(C)(3)	8,000.	.0			\$8,000 ARTS IN EDUCATION GRANT
THE LITTLE THEATRE OF WINSTON-SALEM - 419 SPRUCE STREET - WINSTON-SALEM, NC 27101	56-0526835	501(C)(3)	108,000.	.0	1		\$108,000 ORGANIZATIONAL SUPPORT GRANT
TRIAD STAGE, INC 232 SOUTH ELM STREET GREENSBORO, NC 27401	62-1743981	501(C)(3)	72,000.	0.			\$72,000 ORGANIZATIONAL SUPPORT GRANT
WINSTON-SALEM DELTA FINE ARTS 2611 NEW WALKERTOWN ROAD WINSTON-SALEM, NC 27101	23-7282952	501(C)(3)	15,000.	0			\$15,000 ANNUAL EVENT AND SERIES GRANT
WINSTON-SALEM FESTIVAL BALLET 305 WEST FOURTH STREET, SUITE 1-C WINSTON-SALEM, NC 27101	56-1631225 501(C)(3)	501(C)(3)	35,974.	.0			\$30,974 ORGANIZATIONAL SUPPORT GRANT, \$5,000 ARTS IN EDUCATION GRANT
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - 475 CORPORATE SQUARE DRIVE - WINSTON-SALEM, NC 27105	56-0795164	501(C)(1)	11,000.	0			\$11,000 ARTS IN EDUCATION GRANT
WINSTON-SALEM SYMPHONY 201 N. BROAD STREET, SUITE 200 WINSTON-SALEM, NC 27101	56-0692826 501(C)(3)	501(C)(3)	155,094,	0.			\$146,094 ORGANIZATIONAL SUPPORT GRANT, \$9,000 ARTS IN EDUCATION GRANT
							Schedule I (Form 990)

Schedule I (Form 990) THE ARTS COUNCIL, INC. Part II Continuation of Grants and Other Assistance to Governments and	SSISTANCE TO GOV	INC.	Organizations in the United States		(Schedule I (Form 990), Part II)		56-0526856 Page 1
(a) Name and address of organization or government	<b>(b)</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
WINSTON-SALEM THEATRE ALLIANCE 1047 NORTHWEST BLVD WINSTON-SALEM, NC 27101	56-1585412	501(C)(3)	.000,2	.0			\$5,000 ANNUAL EVENT AND SERIES GRANT
WINSTON-SALEM YOUTH CHORUS P.O. BOX 15342 WINSTON-SALEM, NC 27113	56-2059778	501(C)(3)	9,000,	0.			\$6,000 ANNUAL EVENT AND SERIES GRANT
					-		·
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 56-0526856 (e) Method of valuation (book, FMV, appraisal, other) TO THE ARTS THE ARTS COUNCIL THEIR Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ZI THE FOLLOWING INFORMATION AS REQUESTED STATISTICS 。 (d) Amount of non-cash assistance ö P D STATEMENT SHOULD BE SUBMITTED ON ORGANIZATIONAL EVENT 24,500 12,555 (c) Amount of cash grant 14 (b) Number of recipients INC. ORGANIZATIONAL SUPPORT GRANT RECIPIENTS THE ARTS COUNCIL, MONTHLY ATTENDANCE REPORTING OF EACH YEAR. COUNCIL VIA SURVEY MONKEY. EACH ORGANIZATION SUBMITS SIX (6) MONTH FINANCIAL (a) Type of grant or assistance Schedule I (Form 990) (2017) BY FEBRUARY 1 LINE ARTS IN EDUCATION REGIONAL GRANTS CONTRACT 732102 11-01-17 PART I, Part III Ø

Schedule ((Form 990) THE ARTS COUNCIL, INC.	56-0526856	Page 2
Part IV Supplemental Information		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: BOOKMARKS		
(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 ORGANIZATIONAL	SUPPORT	
GRANT, \$5,000 CREATIVE VENTURES GRANT & \$5,000 ARTS IN EDUC	CATION GRANT	
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## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Openito Public Inspection

Name of the organization

Department of the Treasury

ternal Revenue Service

THE ARTS COUNCIL, INC.

Employer identification number 56-0526856

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items X Housing allowance or residence for personal use X First-class or charter travel X Payments for business use of personal residence X Travel for companions X Health or social club dues or initiation fees X Tax indemnification and gross-up payments X Personal services (such as, maid, chauffeur, chef) X Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or, X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee X Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 lf "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part II? Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<u> </u>
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(I)( <b>(</b> )	in column (B) reported as deferred on prior Form 990
(1) TAMES SPARROW	[3	149 044	C	C	C	7.283.	156.327.	0
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Supplemental Information on Tax-Exempt Bonds

Open to Public 2017 Inspection

(ı) Pooled Yes No financing × Employer identification number OMB No 1545-0047 ş ŝ (g) Defeased (h) On behalf 56-0526856 Yes No × of issuer Yes Yes ŝ × Yes ŝ ŝ BUILDIN O (f) Description of purpose Yes Yes ď Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. MULTI-USE CONSTRUCT CONTINUATIONS ŝ ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. £ Φ 8 ,500,000. Yes Yes (e) Issue price 79,719. 7,420,281 500,000 (E) × 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 IΛ (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? SEE PART THE ARTS COUNCIL, which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds FORSYTH CNTY INDUSTRIAL Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III | Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue FACILITIES & Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part I Part II 8 ၈ 유 9 4 ß ဖ N က 42 13 4 15 8 O 

bond-financed property?

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Schedule K (Form 990) 2017

Schedule K (Form 990) 2017 THE ARTS COUNCIL, INC.			26-0	0526856				Page 2
Part III   Private Business Use (Continued)								
	A		В	-		O	Δ	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	sə	٥N	Yes	N <sub>o</sub>
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	1	×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed prope								
4 Enter the percentage of financed property used in a private business use by								
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								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
		X						
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?		Х						
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								
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 1 145·2?		×						
Part IV Arbitrage		•						
	A		В	8		O	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	٥N	Sə	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х						
b Exception to rebate?		X						
c No rebate due?		×	ì					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								i
c Term of hedge	•							
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

Page 3 ŝ ž Ω Yes Yes ŝ ŝ Yes Yes 56-0526856 FORSYTH CNTY INDUSTRIAL FACILITIES & POLLUTION CONTROL FINANCING AUTHORITY å ٥ œ 8 Yes Yes Part VI | Supplemental Information. Provide additional information for responses to questions on Schedule K See instructions SCHEDULE K, PART I, BOND ISSUES: S ટ × × × DESCRIPTION OF PURPOSE: CONSTRUCT A MULTI-USE BUILDING Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable THE ARTS COUNCIL, INC. 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Procedures To Undertake Corrective Action Part IV | Arbitrage (Continued) (A) ISSUER NAME: Schedule K (Form 990) 2017 b Name of provider section 1487 c Term of GIC Part V (E)

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection 4

Name of the organization

THE ARTS COUNCIL, INC.

Employer identification number 56-0526856

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND EFFECTIVELY OPERATED, AND TO CREATE AN ENVIRONMENT IN WHICH THE
ARTS FLOURISH.
FORM 990, PART VI, SECTION B, LINE 11B:
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 SEVERAL FACTORS, INCLUDING (A)
EVALUATIONS SUBMITTED ANONYMOUSLY BY THE MEMBERS OF THE BOARD OF TRUSTEES
AND THE EXECUTIVE DIRECTORS OF THE FUNDED PARTNERS; 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 OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ASSETS MERGED FROM FACILITIES FOR THE ARTS ON SPRUCE
FOUNDATION 1,074,267.
FORM 990, PART XII, LINE 2C:
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization  THE ARTS COUNCIL, INC.	Employer identification number 56-0526856
FORM 990	
ON OCTOBER 1, 2017, THE ARTS COUNCIL, INC. OBTAINED ASSETS	IN THE
AMOUNT OF \$1,074,267 IN A MERGER WITH FACILITIES FOR THE A	RTS ON SPRUCE
FOUNDATION (EIN #26-1844532). SEE ATTACHED ARTICLES OF ME	RGER.
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