Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

-	A F	or the	2018 calendar year, or tax year beginning OCT 1, 2018 and ending	SEP 30, 20	19			
Ī	В с	neck if	C Name of organization	D Employer ide	entification number			
	ar	plicable						
		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/si	1 '				
		Final return/ termin-	251 NORTH SPRUCE ST.		6-722-2585			
		ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,049,263.			
	<u>_</u>	Amend return	WINSTON-SALEM, NC Z/IUI	H(a) Is this a group return				
	L	Applica tion pendin	F Name and address of principal officer FM. RANDI BADDI	for subordin				
-			SAME AS C ABOVE	H(b) Are all subordina				
-					ch a list (see instructions)			
			e: WWW.INTOTHEARTS.ORG organization		nption number 9 M State of legal domicile: NC			
ľ	Pa		Summary	ear of formation. 194	J M State of legal doffliche. 14C			
L	ij		Briefly describe the organization's mission or most significant activities. SUPPORT,	PROMOTE AN	D MIRTIRE			
	9		ARTISTS AND ARTISTIC ORGANIZATIONS THROUGH FU					
	nau	-	Check this box if the organization discontinued its operations or disposed of m		· · · · · · · · · · · · · · · · · · ·			
	Governance		Number of voting members of the governing body (Part VI, line 1a)	0.0 (20,0 0	30			
	ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		4 30			
	ο Ο		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)		5 44			
	Activities &		Total number of volunteers (estimate if necessary)		6 40			
	흉		Total unrelated business revenue from Part VIII, column (C), line 12		7a 266,380.			
_	۷	b	Net unrelated business taxable income from Form 990-T, line 38		-420,598.			
				Prior Year	Current Year			
	a	8	Contributions and grants (Part VIII, line 1h)	3,147,66				
	Ę.	9	Program service revenue (Part VIII, line 2g)	636,15				
	Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,602,60				
	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,23				
_	_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,453,65				
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,276,70				
			Benefits paid to or for members (Part IX, column (A), line 4)		$ \begin{array}{c cccc} 0. & 0. \\ 2. & 1,127,925. \end{array} $			
	es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,005,40	$0. \qquad 0.$			
	Expense		Professional fundraising fees (Part IX, column (A), line 11e)		0.			
	낆		Total fundraising expenses (Part IX, column (D), line 25) 556,588.	1,528,48	9. 1,481,898.			
	_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part 9x, 26) (IMAX 9A) (IMAX 9A	3,810,59	7. 3,952,419.			
		19	Revenue less expenses Subtract line 18 from Reserved USB	1,643,06				
-	<u>ه</u>	19	724	Beginning of Current Y				
	etso	20		17,064,72				
7	ASS		Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26) AUG 2 1 2020	4,819,91				
202	ES ES		Net assets or fund balances Subtract line 21 from Magagas City, MO	12,244,80				
တ [Pa	rt II	Signature Block					
63	Unde	r penal	ties of perjury, I declare that Lhave examined this return, including accompanying schedules and sta	tements, and to the best	of my knowledge and belief, it is			
SON !	true,	correc	, and complete. Deparation of preparer wither than efficer) is based on all information of which prep	arer has any knowledge.				
Z			1/1/1 Courses 44 Hales		4/2020			
Ω:	Sign	1	Signature of officer	Date	7.			
Щ	Here	•	MR. RANDY EADDY, PRESIDENT					
Ź.			Type or print name and title					
র			Print/Type preparer's name JANE R POTTER Preparer's signature Curck Potts	Date Che	<u> </u>			
SCANNE	Paid				-employed P01057495			
	riep	aiei	Firm's name BUTLER + BURKE, LLP	Firm's EIN	v► 56-1138530			
ļ	Use (Unly	Firm's address 100 CLUB OAKS COURT		226 760 2210			
			WINSTON-SALEM, NC 27104	Phone no	336-768-2310			
<u>.</u>	мау	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No			

Form	1990 (2018) THE ARTS COUNCIL, INC.	56-0526	856	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
_				
1	Briefly describe the organization's mission:	TECACV	ΛĒ	
	THE ORGANIZATIONAL MISSION IS TO SUPPORT AND ADVANCE THE			
	INNOVATION IN AND ACCESS TO THE ARTS AS A CORE COMMUNITY		BY	
	PROVIDING GRANTS AND VENUES FOR ARTISTS AND ART ORGANIZATION	rions 1	ro	
	PRACTICE AND EXECUTE THEIR ART FORM IN FACILTIES THAT AR	E EFFICI	ENTL	Y
2	Did the organization undertake any significant program services during the year which were not listed on the			
~		1	T Vac	X No
	prior Form 990 or 990-EZ?		163	INU
	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 No
	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 it	neasured by e	xpenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			nd
		s, the total exp	, ci 1363, ai	
	revenue, if any, for each program service reported		261	110
4a	(Code) (Expenses \$ 2,910,182. including grants of \$1,342,596.) (Revenue)			<u>146.</u>)
	THE ARTS COUNCIL OWNS AND MANAGES VARIOUS ARTS COMPLEXES			
	PARKING LOTS. THESE FACILITIES ARE LOCATED ON APPROXIMAT	ELY SEVE	EN AC	RES
	IN THE CENTER OF DOWNTOWN WINSTON-SALEM. THE PROPERTIES	INCLUDE		
	COMMUNITY EVENT SPACES, OFFICES FOR NONPROFIT CHARITABLE		CATIO	NS.
	ACTIVITY ROOMS FOR CHILDREN AND ADULT PROGRAMMING AND RE			
	ACTIVITI ROOMS FOR CHIBDREN AND ADOBT FROGRAMMING AND RES	JAILD DE	АСЦО	•
		*		
				
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	ue \$)
				
		• • • • • • • • • • • • • • • • • • • •		
4c	(Code) (Expenses \$	ue \$)
			-	
			-	
	Other present convect (December in School de O.)			
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ Including grants of \$) (Revenue \$		1	
40	Total program service expenses > 2.910.182.			

Form **990** (2018)

Form	aan	1201	Ω١
LOHIII	990	1201	O)

Form 990 (2018) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
0		8	1	х
_	Schedule D, Part III	- 6		 -
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?	•		v
46	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	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			╙
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	L
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			Ī
_	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		Х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		···	
.0		18	1	х
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	1	x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		w.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	<u> </u>

			Yes	No
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	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ł		l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24 a	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	ļ		}
	Schedule K If "No," go to line 25a .	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ŀ		
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? // "Yes,"			х
07	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
28	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	-21	<u> </u>	
20	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		Х
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,	200		
Ĭ	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
Da	Note. All Form 990 filers are required to complete Schedule O	38	Х	
гd	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ł		
b	The tree tree to the tree tree tree tree tree tree tree	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	Х	
	(gambling) winnings to prize winners?	1c	41	i

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832005 12-31-18

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	4	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		Sign	73. N.	Sec. 45
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b	X	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country			_	美麗	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)	SARE	Sage.	ALC OF
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b	ļ	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	ınızatıon solicit		l	
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	gifts			
	were not tax deductible?			6b		L
7	Organizations that may receive deductible contributions under section 170(c).			127.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor	າ 7a	X	<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100	zii.Z	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7 <u>g</u>	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?			34 .53
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	<u> </u>	\$ 4 A.	(水)
	sponsoring organization have excess business holdings at any time during the year?			8	(, ~ yer	· · · · · ·
9	Sponsoring organizations maintaining donor advised funds.				Sec your	Born C
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ļ	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	(Selaters	WAR.
10	Section 501(c)(7) organizations. Enter.	1	1	2000		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	 			16807-72 - A - C
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	J			
11	Section 501(c)(12) organizations. Enter:	1	1			*
а	Gross income from members or shareholders	11a			\$ P (\$)	·
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				30
	amounts due or received from them)	11b		Tark.	2 1º 5 1 2 2 2	海汉
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	. in 1000	- A-2-2-X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L		\$. X	3.2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				, Burries	25888 455
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Jan 1, 18.	10 By - 1
	Note. See the instructions for additional information the organization must report on Schedule O					0.00
, b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	ſ			
	organization is licensed to issue qualified health plans	13b	1			
	Enter the amount of reserves on hand	13c	L	4684	2***********	X
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a	\vdash	 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b	+	\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	OI	45		х
	excess parachute payment(s) during the year?			15		微学
16	If "Yes," see instructions and file Form 4720, Schedule N		ma?		d) 24%	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "You" complete Form 4730. School up O.	it ilico	ne (16	. 10140	
	If "Yes," complete Form 4720, Schedule O			730,107 A	_	(2018)
				1 011		(2010)

F, ai	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	_	·	"No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ın	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec :	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30			
	If there are material differences in voting rights among members of the governing body, or if the governing			No.		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			\$276.55 \$276.55		200
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:	\$ 1. B	1	-15 -15
	The governing body?	•	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
	(THE STATE OF THE				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Buck.	, 1,000 v.	"A D'AD"
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escnbe	Ì		
	ın Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	織湯	333	100 m
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			學學學		in the
а	The organization's CEO, Executive Director, or top management official			15a	_X_	
b	Other officers or key employees of the organization			15b		X
	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 arrangements	nent w	ith a	18 July 18	, 18. C	
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation		£ 1849	- 19Kg
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıor	ı's	(\$10 kg)	aidhr.	100 Sept.
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s	only) a	avaılat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	ın Sci	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	offict o	f interest policy, and	financ	ıal	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	REBECCA BENDER - 336-722-2585					
	251 N SPRUCE STREET, WINSTON-SALEM, NC 27101					

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			(((D)	(E)	(F)
Name and Title	Average	١,,		Posi	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	than o	an	compensation	compensation	amount of
	week	\vdash	cer an	d a dı	recto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or d	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		9	neus		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former]		5. g
(1) ADRIANA GRANADOS	1.00	Ī	_				_			
BOARD MEMBER		Х						0.	0.	0.
(2) ALLISON NORTON-RIMRON	1.00									
TREASURER		X		X				0.	0.	0.
(3) ANC NEWMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) CAMILLE KLUTTZ-LEACH	1.00									
BOARD MEMBER		X				<u>.</u>		0.	0.	0.
(5) CHAD CHEEK	1.00									
BOARD MEMBER		X		X				0.	0.	0.
(6) CHERYL LINDSAY	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) CHRISTINA SORIANO	1.00	1			ĺ					
BOARD MEMBER		X					_	0.	0.	0.
(8) CLAIRE TUTTLE	1.00	1								_
BOARD MEMBER		Х			L	L		0.	0.	0.
(9) CLARE FADER	1.00		i							_
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(10) DANA CAUDILL JONES	1.00	1							_	_
BOARD MEMBER		X			Ļ	_	_	0.	0.	0.
(11) DREW GERSTMYER	1.00	1					l			_
BOARD MEMBER		X			<u> </u>	<u> </u>	L.	0.	0.	0.
(12) ERIC SWAIM	1.00	1					l			
BOARD MEMBER		X			<u> </u>		ļ	0.	0.	0.
(13) JAKE WHARTON	1.00	↓								
BOARD MEMBER		X	_	_	<u> </u>	├	_	0.	0.	0.
(14) JASON KAPLAN	1.00									
BOARD MEMBER		X	_	\vdash	<u> </u>	₩	\vdash	0.	0.	0.
(15) JEFF LINDSAY	1.00	 							_	_
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>	_	\vdash	\vdash	0.	0.	0.
(16) MELINDA MCCONNELL	1.00	١.,		۱,,					_	
CHAIR	1 00	X	⊢	X	⊢-	-	\vdash	0.	0.	0.
(17) MICHAEL KELLEY	1.00	۱.,	1	1					_	
BOARD MEMBER		Х	Ц.,	Ц_	Ц.	L_	L	0.	0.	0 • Form 990 (2018

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation			(F) timate ount c	
	week (list any hours for related organizations below line)	tee or director	inslitutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		comp fro orga and	other pensation the anization relate nization	e on ed
(18) MICHAEL SUGGS	1.00	트	=	ō	Ke	로등	٦						
BOARD MEMBER		X						0.	0).			0.
(19) MIKE LANCASTER	1.00												_
BOARD MEMBER		X	<u> </u>	<u> </u>	L.	.		0.	C).			0.
(20) NIGEL ALSTON	1.00								_				^
BOARD MEMBER	1 00	X	ļ	<u> </u>	<u> </u>		_	0.	C	<u>' - </u>			0.
(21) PAULA MCCOY	1.00	Į.,					١	_	C				0.
BOARD MEMBER (22) PEGGY REINGOLD	1.00	X	ļ	-	-		┢	0.		' 			<u> </u>
BOARD MEMBER	1.00	X				1		0.	ſ).			0.
(23) PORTIA MOUNT	1.00	<u> </u>	\vdash			H	╁			-			••
BOARD MEMBER	1.00	x				1		0.	l).			0.
(24) RICHARD GEIGER	1.00	<u> </u>					T	1					
BOARD MEMBER		X				1		0.	C).			0.
(25) ROSA OTERO	1.00												
BOARD MEMBER		X	<u> </u>					0.	C).			0.
(26) SHAHEEN SYAL	1.00												
BOARD MEMBER	l	X			<u> </u>	<u>L</u> .	<u> </u>	0.).			0.
1b Sub-total								0.).			0.
c Total from continuation sheets to Part VI	I, Section A							63,461.).			0.
d Total (add lines 1b and 1c)							<u> </u>	63,461.).			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable				0
compensation from the organization											Ī	Yes	No
3 Did the organization list any former officer,	director or tra	icto	a ka	w on	nnlo		orl	highaet compensated er	mnlovee on	Г	\neg	-	
line 1a? If "Yes," complete Schedule J for s		35101	e, ne	y Ci	пріс	ycc,	, 01 1	mignest compensated of	iipioyee oii	\vdash	3		Х
4 For any individual listed on line 1a, is the su		le co	ompe	ensa	ition	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150									· ·		4		Х
5 Did any person listed on line 1a receive or a			•						dual for services				
rendered to the organization? If "Yes." com	nolete Schedul	e. <i>J f</i>	or si	ıch i	oers	on	,,				5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										nsatio	on fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	<u>/ith c</u>	or w	<u>ithin</u>		ear				
(A) Name and business	address	BT/	^\ti	-				(B) Description of s	services	Co	(C mper	i) nsatior	,
Traine and business	address	147	INC	<u> </u>			\dashv	Description of a	10111000				
							\dashv	<u> </u>					
***													_
													1

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) (B) (C) (D) (E) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation compensation amount of hours from from related other per the organizations compensation week Highest compensated employee organization (W-2/1099-MISC) from the (list any individual trustee or director (W-2/1099-MISC) organization hours for related and related Key employee organizations organizations below Officer line) (27) SILVIA RODRIGUEZ 1.00 X 0. 0. 0. BOARD MEMBER (28) STEVE BERLIN 1.00 0. 0. 0. SECRETARY X (29) STUART PARKS 1.00 0. 0. 0. BOARD MEMBER (30) SUE HENDERSON 1.00 0. Х 0. 0. BOARD MEMBER 40.00 (31) RANDY EADDY 0. X PRESIDENT & CEO 63,461. 0. 63,461 Total to Part VII, Section A, line 1c



Form 990 (2018) THE ART
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections			
						revenue	revenue	sections 512 - 514			
इ इ	1 a	Federated campaigns	1a		(A)						
E d	b	Membership dues	1b		50000						
<i>©</i> 8	c	Fundraising events	1c								
Tts.	ď	Related organizations	1d								
<u>@</u> :ਬੁ		Government grants (contributi									
Sig		All other contributions, gifts, gran	· 				9				
兼력	•	similar amounts not included above		462,198.							
Ęġ.				16,214.		2.5					
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-11 \$		2,462,198.						
0 9	<u>n</u>	Total. Add lines 1a-1f			STREET, P. SONGO W. N. W. W. SK BORNSON AV.	NAMES OF STREET					
	_	MILTON RHODES C		531190	248,486.	133,159.	115,327.	\$13 to 19 mail \$1 \$1888 \$2, 2 % -1 t			
<u>i</u>	2 a			711190	112,499.		45,905.				
- e e	b			531190		66,594.					
n S G	С		EATRE		59,570.	31,995.					
Program Service Revenue	d	PARKING LOTS		531190	54,477.	28,960.	25,517.				
5	е	·									
۵.	f	All other program service reve	nue	<u> </u>	475 022		C 2875(52 22):77% 27.48988	Chair of Printers and Section 1981			
-		Total. Add lines 2a-2f			475,032.			en productions.			
	3	Investment income (including	dividends, intere	st, and	25 100			25 100			
		other similar amounts)		.	35,108.			35,108.			
	4	Income from investment of tax	x-exempt bond p	roceeds							
	5	Royalties		<u> </u>		SEPERATOR OF ANY OWN SAMESTAN	Palitical Secretary Commission	ELECTRICAL ENDS OFFICE SECURITIES AND PROCESSES			
			(ı) Real	(ii) Personal							
	6 a	Gross rents									
	b	Less rental expenses	,								
	С	Rental income or (loss)									
	d	Net rental income or (loss)		<u> </u>							
-	7 a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory			194		3				
j	b	Less: cost or other basis		ł							
ĺ		and sales expenses					15 2 C 2 4 4 5				
.	С	Gain or (loss)									
- 1	d	Net gain or (loss)		•							
	8 a	Gross income from fundraising	g events (not								
g		including \$	of .								
Š		contributions reported on line	1c). See	1		la de la companya de					
Other Revenu		Part IV, line 18	a								
Ē.	¯ b	Less direct expenses	- b		44-5-44						
ō		Net income or (loss) from fund	draising events	•							
		Gross income from gaming ac	-		**************************************			E 1888			
		Part IV, line 19	а	[
	ь	Less. direct expenses	b		7 (37)	100					
		: Net income or (loss) from gam		•							
		Gross sales of inventory, less	-		FEMALES NO. 18 10/16	0.880 T. (1.880)	7.大 在 4.4.2000				
		and allowances	а	438.		3 J. 100					
	ь	Less cost of goods sold	_ b			The state of the s	50	14 A			
		: Net income or (loss) from sale	-	D	438.	438.	7 77 77 18000 (1 7 7 1 0 1 7 7 1				
		Miscellaneous Revenu		Business Code	THE RESERVE OF THE PARTY OF THE						
	11 a	MISCELLANEOUS I		900099	76,487.	20000 become he had \$4.000 ft for the house of \$4.000 ft for the house	52,056.	24,431.			
	b				,						
	_ ~	·	·				1	-			
	d	All other revenue				1					
	_	Total. Add lines 11a-11d			76,487.	14 6 S					
	12	Total revenue. See instructions			3,049,263.	261,146.	266,380.	59,539.			

Part X Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All othe		mplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX Denoting line amounts reported on lines 6b. (A) (B) (C) (D)									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,294,396.	1,294,396.	Contract Con	CAMPAGNATIAN TAN PARAMATAN TAN					
2	Grants and other assistance to domestic	40.000	40.000							
	individuals See Part IV, line 22	48,200.	48,200.	GE SE SESSESSES						
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign				100					
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members			020 - 40 - 20 0 20 0 20 0 20 0 20 0 20 0	<u> </u>					
5	Compensation of current officers, directors, trustees, and key employees	159,814.	47,944.	63,926.	47,944.					
6	Compensation not included above, to disqualified	133,0110	27,73110	03/3200	17/3110					
U	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	798,040.	375,615.	99,981.	322,444.					
8	Pension plan accruals and contributions (include		· · · · · · · · · · · · · · · · · · ·							
_	section 401(k) and 403(b) employer contributions)	12,081.	2,556.	5,183.	4,342.					
9	Other employee benefits	82,685.	23,953.	40,173.	4,342. 18,559.					
10	Payroll taxes	75,305.	22,787.	31,599.	20,919.					
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting	23,887.		23,887.						
d	Lobbying		Anna co William Port Day La Maria Victoria	May (() () () () () () () () ()						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees				,					
g	Other (If line 11g amount exceeds 10% of line 25,	01 056			01 005					
	column (A) amount, list line 11g expenses on Sch 0.)	21,956.	F00	731.	21,225.					
12	Advertising and promotion	12,728.	509. 22,023.	31,634.	12,219. 50,670.					
13	Office expenses	104,327. 32,631.	22,023.	32,350.	281.					
14	Information technology	32,031.		32,330.	201.					
15	Royalties	335,067.	310,388.	17,529.	7,150.					
16 17	Occupancy Travel	1,315.	310,300.	548.	767.					
18	Payments of travel or entertainment expenses			3.00	, , , ,					
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	7,349.	3,434.	2,789.	1,126.					
20	Interest	158,615.	157,751.	864.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	516,942.	496,074.	20,868.						
23	Insurance	42,499.	33,572.	8,927.						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.)									
а		81,163.		81,163.						
b	SPECIAL EVENTS	44,787.	22		44,787.					
С	PARKING	30,850.	30,850.	4						
d	BANKING FEES	25,150.	6,773.	14,236.	4,141.					
	All other expenses	42,632.	33,357.	9,261.	14.					
25	Total functional expenses. Add lines 1 through 24e	3,952,419.	2,910,182.	485,649.	556,588.					
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)		L	<u> </u>	000					

Pa	Part X Balance Sheet								
		Check if Schedule O contains a response or note to any line in this Part X							
		 -	(A)		(B)				
			Beginning of year		End of year				
	1	Cash - non-interest-bearing	368,243.	1	149,358.				
	2	Savings and temporary cash investments	2,083,454.	2	801,175.				
	3	Pledges and grants receivable, net	1,907,331.	3	1,348,711.				
	4	Accounts receivable, net	149,820.	4	86,823.				
	5	Loans and other receivables from current and former officers, directors,							
		trustees, key employees, and highest compensated employees. Complete							
		Part II of Schedule L	10 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	500 (18) - 910 (A.7 , 18) - 508 No.4.				
	6	Loans and other receivables from other disqualified persons (as defined under							
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing							
		employers and sponsoring organizations of section 501(c)(9) voluntary	77 # 3	\$					
şţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6_					
Assets	7	Notes and loans receivable, net	124 065	7	112 500				
⋖	8	Inventories for sale or use	134,965.	8	113,500.				
	9	Prepaid expenses and deferred charges	58,473.	9	24,744.				
	10a	Land, buildings, and equipment cost or other							
		basis Complete Part VI of Schedule D 10a 18,390,134.	0.004.050	1000	12,691,156.				
		Less accumulated depreciation 10b 5,698,978.	9,984,259.	10c	12,091,130.				
	11	Investments - publicly traded securities	1,332,116.	11	1,310,113.				
	12	Investments - other securities See Part IV, line 11	1,332,110.	12	1,310,113.				
	13	Investments - program-related See Part IV, line 11		13					
	14	Intangible assets	1,046,059.	14 15	682,022.				
	15	Other assets See Part IV, line 11	17,064,720.	16	17,207,602.				
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	272,114.	17	1,250,935.				
	18	Grants payable	0.	18	302,407.				
	19	Deferred revenue	18,918.	19	12,796.				
	20	Tax-exempt bond liabilities	4,511,473.	20	4,156,325.				
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21					
	22	Loans and other payables to current and former officers, directors, trustees,							
ities		key employees, highest compensated employees, and disqualified persons							
Liabilities		Complete Part II of Schedule L		22					
Ĺŝ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	150,000.				
	24	Unsecured notes and loans payable to unrelated third parties		24					
	25	Other liabilities (including federal income tax, payables to related third							
		parties, and other liabilities not included on lines 17-24) Complete Part X of							
		Schedule D	17,409.	25	0.				
	26	Total liabilities. Add lines 17 through 25	4,819,914.	26	5,872,463.				
-		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and							
S		complete lines 27 through 29, and lines 33 and 34.							
Š	27	Unrestricted net assets	7,679,128.	27	7,775,686.				
3al	28	Temporarily restricted net assets	4 565 670	28	2 550 452				
ē	29	Permanently restricted net assets	4,565,678.	29	3,559,453.				
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here	Strak William						
ō		and complete lines 30 through 34.			a discount of the second				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<u> </u>				
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
et,	32	Retained earnings, endowment, accumulated income, or other funds	12 244 006	32	11 225 120				
2	33	Total net assets or fund balances	12,244,806.	33	11,335,139.				
	34	Total liabilities and net assets/fund balances	17,064,720.	34	17,207,602.				

Form	990 (2018) THE ARTS COUNCIL, INC.	56-	05268	56	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			, 26	
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,41	
3	Revenue less expenses Subtract line 2 from line 1	3			3,1!	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,			
5	Net unrealized gains (losses) on investments	5_		-6	5,5	<u> </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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	11,	335	,1.	<u> 39.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				1	X
	Accounting method used to prepare the Form 990 Cash X Accrual Other		Г		Yes	No
1	<u> </u>		<u> </u>		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	ŀ	0-		<u></u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		ᢚ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		٠	1	
	separate basis, consolidated basis, or both				.	
_	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	-	X	
b	Were the organization's financial statements audited by an independent accountant?		-	2b	^	
	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		⊢	 -		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			x	
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	^	. 1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		<u> </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud	it			v
	Act and OMB Circular A·133?		⊢	3a	-	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm s	99U (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public

Inspection **Employer identification number**

56-0526856 THE ARTS COUNCIL, INC Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

(ı) Name of supported organization	on about the suppo	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instruction
			 		:	
·						
···						
					······································	<u> </u>

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization

Schedule A (Form 990 or 990-EZ) 2018 THE ARTS COUNCIL, INC. 56-0526

Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						-
	membership fees received. (Do not						
	include any "unusual grants ")	3013765.	3252090.	2658253.	3147667.	2462198.	14533973.
2	Tax revenues levied for the organ-						
	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	3013765.	3252090.	2658253.	3147667.	2462198.	14533973.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					### NV 78 1 10	2656905.
6	Public support. Subtract line 5 from line 4					randa kanada kanada ka	11877068.
	ction B. Total Support	-					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4	3013765.	3252090.	2658253.	3147667.	2462198.	14533973.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14 400	0 (10	7 0 4 1	10 100	25 100	96 060
_	and income from similar sources	14,400.	9,618.	7,841.	19,102.	35,108.	86,069.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	2,802.	6,057.		25,818.	24,431.	59,108.
44	assets (Explain in Part VI) — Total support. Add lines 7 through 10	2,002.			23,010. 8分数1分数数20%		14679150.
	Gross receipts from related activities,	4 - 10.	noe)	False Character	5 (C34C) AMON 14 08	12	616,069.
	First five years. If the Form 990 is for	•	•	t fourth or fifth to	v vear as a section		010,0031
13	organization, check this box and stor	-	inst, second, time	a, rourer, or mer ta	x year as a section	1301(0)(3)	
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2018 (li	ine 6. column (f) di	vided by line 11, co	olumn (fl)		14	80.91 %
	Public support percentage from 2017					15	81.64 %
	33 1/3% support test - 2018. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						ightharpoons X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual-						ightharpoons
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>▶ □</u>

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2018 (a) 2014 (b) 2015 (c) 2016(d) 2017 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b)** 2015 (c) 2016 (a) 2014 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form \$90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 % Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and $m{\beta}$ is not more than 33 1/3%, check this box and $\,$ stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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.
- c 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 chantable 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 (as 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)
- 8 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.)

	Californi	Yes	No
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Sch	edule A (Form 990 or 990-EZ) 2018 THE ARTS COUNCIL, INC.	56-052685	<u>6 р</u>	aqe 5
Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			TEN.
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			6
-	below, the governing body of a supported organization?	11a	10.5711	1, 7 20, 749
_	•	11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			1
	ı	Television constraint	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		The State	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	F 42.11	
2	Did the organization operate for the benefit of any supported organization other than the supported	8500	7777	
~	•			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		2.2	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		94, 64	1.488
	supervised, or controlled the supporting organization.	2		Ь
Sec	ction C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		54	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ă A Bei	1	
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		·
	January 1990 in Supporting Significant State of Supporting Significant Significant State of Supporting Significant Significant State of Supporting Significant		Yes	No
		1. M. 1. M.	163	: 3.7
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		""	trille.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 6
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	10 M	\$ 200	340000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Profession Medicals	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		के ना वर्षात्र राज्यस्य	1. (35%) 1. (35%)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7903	ないが	3,500
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
		3	X7 W - K - WE -	
Sec	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ou acuons).		
. a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government enti-	ty (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			泛蒸 节
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		1
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	12 Stan 5	25.12	(380°
	· · · · · · · · · · · · · · · · · · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			13365
	reasons for the organization's position that its supported organization(s) would have engaged in these	7. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	(B) (B)	
	activities but for the organization's involvement	2b	783 1 A	7 ~ XiZ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		(F. 17)	
	trustees of each of the supported expensivenes? Provide details in Part VI	3a	i	
	trustees of each of the supported organizations? Provide details in Part VI.		_	
b				

	edule A (Form 990 or 990-EZ) 2018 THE ARTS COUNCIL, INC.		5	6-0526856 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in P	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	tion 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	ion B - Minimum Asset Amount	(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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	- (A)		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	- 1	SHEET SHEET SHEET SHEET	
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		1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

计算机 机工程 电影

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 THE ARTS COUNCIL, INC.	56-0526856	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines III, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions.)	or 17b, Part III, line 12, 1 and 2, Part IV, Section V, Section B, line 1e, Par	 С,
			-
			
			
			
			
<u> </u>			

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	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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 advise	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art 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	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f 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 structur	e
	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	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	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	ne organization's accounting for
- D-	conservation easements	Mark Windows of Transporters of Oth	or Cimilar Assats
Pa	rt III Organizations Maintaining Collections of		ier Silliliai Assets.
	Complete if the organization answered "Yes" on Form		A III land the second
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		II I de la companya d
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 pub	lic service, provide the following amounts
	relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treations of the control of the co		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
a	Revenue included on Form 990, Part VIII, line 1		S
-	Assets included in Form 000, Port V		— 4:

		S COUNCIL,	INC			011	. 0::1		<u>526856</u>		<u>2</u>
Par											
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	are a sig	gnificant	t use of its	s collection if	tems	
	(check all that apply)										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research	е	• 🔲	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Pa	ırt XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r sımılar	assets	-			
	to be sold to raise funds rather than to be ma								Yes	No.	<u>o_</u>
Par	t IV Escrow and Custodial Arrang		ete if the	organization	n answered "	Yes" on	Form 9	90, Part I\	√, lıne 9, or		
	reported an amount on Form 990, Par										_
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contributions	s or other ass	ets not	included	l 			
	on Form 990, Part X?							L	Yes	N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able							_
							<u> </u>		Amount		_
С	Beginning balance .						1c				_
	Additions during the year						1d	 			
е	Distributions during the year						<u>1e</u>	1			_
f	Ending balance						<u>1f</u>	┸			_
	Did the organization include an amount on Fo						ıty?	L	Yes	N	0
	If "Yes," explain the arrangement in Part XIII.								 '		_
Par	t V Endowment Funds. Complete				ſ						_
		(a) Current year		rior year	(c) Two year			e years bac		years back	
1a	Beginning of year balance	1,333,137.		,339,613.	1,275	,021.		,227,467		158,135 162,273	_
b	Contributions	228,585.		100.				21,409 86,049		-72,593	
С	Net investment earnings, gains, and losses	-20,902.		72,448.	100	725.		86,043	,	-12,333	<u>'</u>
	Grants or scholarships									-	_
е	Other expenditures for facilities	F2 054		70 004	٠,	, ,,,		59,234	.	20 249	,
	and programs	52,854.		79,024.	, ,	7,824.		33,234	*-	20,348	<u>' · · </u>
f	Administrative expenses	1 407 066		222 127	1 220	613	1	, 275 , 691		227,467	,
g	End of year balance	1,487,966.		<u>,333,137.</u>	<u> </u>	613.		, 213, 03.	·· +,·	227,407	÷
2	Provide the estimated percentage of the curr			j, column (a)) neid as						
	Board designated or quasi-endowment	.00	%								
	Permanent endowment 100.00	% •00 %									
С	Temporarily restricted endowment										
0-	The percentages on lines 2a, 2b, and 2c short		tion the	t ara bald an	d administar	ad for th	o organ	ration			
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are nelu ar	iu auminister	ea ioi ti	ie organ	ization	ſ,	Yes No	_
	by									X	<u>, </u>
	(i) unrelated organizations(ii) related organizations								3a(ii)	X	_
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	od on S	chedule R2					3b		-
4	Describe in Part XIII the intended uses of the	•							[00]		_
Par			WITTETIC	unus					· · · · · · · · · · · · · · · · · · ·		_
	Complete if the organization answere). Part IV	/. line 11a S	ee Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o	•		or other		ccumula	ated T	(d) Book	value	_
	bosonption of property	basis (investr			(other)	٠,	preciation		(±) 200K		
19	Land				1,947.		•		851	,947	-
b	Buildings				3,074.	3.	925,	824.	10,117		
c	Leasehold improvements				1,652.		326,			,792	
d	Equipment				8,056.		220,		1,327		
	Other				5,405.		225,		-	-448	
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun						12,691	,156	<u>-</u>

(3)(4) (5) (6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018	THE ARTS CO	OUNCIL,	INC.			56-0	526856	Page 4
Par		of Revenue per Au	idited Finan	cial Statemen	its With Re	venue per Re	turn.		
	Complete if the orga	nization answered "Yes	" on Form 990,	Part IV, line 12a					
1	Total revenue, gains, and of	her support per audited	d financial stater	ments			1	3,081,	774.
2	Amounts included on line 1	but not on Form 990, F	art VIII, line 12						
а	Net unrealized gains (losses) on investments			2a	<u>-6,511.</u>			
b	Donated services and use of	f facilities			2b	39,022.			
С	Recoveries of prior year gra				2c	····			
d	Other (Describe in Part XIII)	!			2d			2.0	E11
е	Add lines 2a through 2d						2e	3,049,	511.
3	Subtract line 2e from line 1						3	3,045,	203.
4	Amounts included on Form				1 4-1				
а	Investment expenses not in		art VIII, line /b		4a		1		
b	Other (Describe in Part XIII)	!		•	4b		40		0.
	Add lines 4a and 4b						4c	3,049,	
5 Dai	Total revenue Add lines 3 at XII Reconciliation	and 4c. <i>(This must equa</i> of Expenses per A	<i>l Form 990. Parl</i> Judited Finar	r <i>I. line 12.)</i> Ocial Stateme	nts With F	rnenses ner F	<u> </u>		203.
rai		inization answered "Yes				kpenses per i	Ctarr	·•	
	Total expenses and losses			raitiv, iiie iza			4	3,991,	441.
1	•						-	3/332/	
2	Amounts included on line 1 Donated services and use of		art ix, line 25.		2a	39,022.			
a		i facilities			2b	33,022.	1		
	Prior year adjustments				2c		1		
C	Other losses	•			2d	_	1		
d	Other (Describe in Part XIII)	l			<u> </u>		2e	39	022.
_	Add lines 2a through 2d						3	3,952,	
3	Subtract line 2e from line 1	000 Dart IV I.m. 05 h.	.44 1 4				┝╩┼	3,332,	117.
4	Amounts included on Form				امدا				
a	Investment expenses not in	•	art viii, iirie 70		4a 4b		1		
р	Other (Describe in Part XIII)	•			40				0.
_C	Add lines 4a and 4b						4c 5	3,952,	
5 Pai	Total expenses Add lines 3 † XIII Supplemental II		ıal Form 990. Pa	art I. line 18.)		***************************************	1 2 1	3,332,	<u> </u>
	 		od Or Doot III. Iron	a 1a and 4. Doct I	V lines 1b on	1.2h Port V line 4	Dort V	line 2 Part Y	
	de the descriptions required						, רמונ א	, IIII e 2, Fait A	٠,
imes	2d and 4b, and Part XII, lines	3 Zu anu 40 Also comp	iete tris part to	provide any addit	ionai momat	1011			
					-				
PAF	RT X, LINE 2:								
	11/ 2212 21								
THE	E ART COUNCIL,	INC. IS A NO	OTFORPRO	FIT ORGAN	IZATION	AND IS E	XEME	T FROM	
INC	OME TAXES UNDE	R SECTION 50	01(C)(3)	OF THE I	NTERNAL	REVENUE	CODE	Ε.	
ACC	CORDINGLY, INCO	ME TAX EXPE	NSE IS L	IMITED TO	ACTIVI	TIES THAT	ARE	DEEMED)
BY	THE INTERNAL R	EVENUE SERV	ICE TO B	E UNRELAT	ED TO T	HEIR EXEM	PT I	URPOSE.	
									
THE	COUNCIL'S PRI	MARY TAX POS	SITIONS I	RELATE TO	ITS ST	<u>ATUS AS A</u>	LON	FORPROF	'IT
EN.	TITY EXEMPT FRO	M INCOME TAX	KES AND	CLASSIFIC	ATION O	F ACTIVIT	IES	RELATED	
								_	
TO	ITS EXEMPT PUR	POSE. IT IS	THE OPI	NION OF M	ANAGEME	NT THAT T	HERE	E ARE NO	<u> </u>
								, T	
<u>UN(</u>	CERTAIN TAX POS	ITIONS THAT	WOULD B	E SUBJECT	TO CHA	NGE UPON	EXA!	ILNATION	<u>. </u>
									
miti	COINCIL TO DE	ים חשמדוואי	יסים ג קוד	DEDAI EVE	ישרושיי ∩פרעי	ΑΝΤΖΑ ͲΤ ΟΝ	፣ ጥእን	אפוויים פי	Ţ

832054 10-29-18

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 THE ARTS COUNCIL, INC. Part XIII Supplemental Information (continued)	56-0526856 Page 5
(FORM 990) ANNUALLY TO RETAIN ITS EXEMPT STATUS. THE COUNCIL	IS ALSO
REQUIRED TO FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX	
	_
990T) FOR ANY YEAR GROSS UNRELATED BUSINESS INCOME EXCEEDS \$	1,000. FORM
990 FILINGS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTE	RNAL REVENUE
SERVICE FOR THREE YEARS AFTER THEY ARE FILED.	
	· · · · · · · · · · · · · · · · · · ·

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

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

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

Open to Public

Inspection

OMB No 1545-0047

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

Employer Identification number 56-0526856 INC THE ARTS COUNCIL

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed PartII

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	tion (d) Amount of (le) 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			\$5,000 ANNUAL EVENT AND SERIES GRANT
ARTPOP PO BOX 5322 CHARLOTTE, NC 28299	47-3269773	501(C)(3)	8,500.	.0			\$8,500 ARTS IN UNEXPECTED
ASSOCIATED ARTISTS OF WINSTON-SALEM - 301 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	58-1498864 501(C)(3)	501(C)(3)	10,000.	.0			\$10,000 ANNUAL EVENT AND SERIES GRANT
AUTHORING ACTION 624 W 6TH STREET, STE 150 WINSTON-SALEM, NC 27101	38-3707584 501(C)(3)	501(C)(3)	15,500.	0			\$15,500 ANNUAL EVENT AND SERIES GRANT
BOOKMARKS PO BOX 11867 WINSTON-SALEM, NC 27116	54-2152610 501(C)(3)	501(C)(3)	25,080.	0			\$20,000 ORGANIZATIONAL SUPPORT GRANT & \$5,080 ARTS IN EDUCATION GRANT
CAROLINA MUSIC WAYS 380-H KNOLLWOOD STREET WINSTON-SALEM, NC 27103	30-0169664 501(C)(3)	501(C)(3)	5,500.	.0			\$5,500 ARTS IN EDUCATION GRANT

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

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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 Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II)	t II)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC LEAGUE 251 N SPRUCE STREET WINSTON-SALEM, NC 27101	56-1791215	501(C)(3)	5,000	0.			\$5,000 ANNUAL EVENT AND SERIES GRANT
KALEIDEUM PEPPERCORN THEATRE 400 W HANES MILL ROAD WINSTON-SALEM, NC 27105	56-0815746	501(C)(3)	5,000.	0.			\$5,000 ANNUAL EVENT AND SERIES GRANT
KERNERSVILLE LITTLE THEATRE P.O. BOX 822 KERNERSVILLE, NC 27285	59-1771526	501(C)(3)	7,500.	0.			\$7,500 ANNUAL EVENT AND SERIES GRANT
MUSIC CAROLINA 706 BANNER AVE WINSTON-SALEM, NC 27127	56-1459064	501(C)(3)	,000,9	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)	141,000.	0			\$126,000 ORGANIZATIONAL SUPPORT GRANT & \$15,000 ART IN UNEXPECTED PLACES GRANT
	56-0587289	501(C)(3)	40,000.	0.0			\$40,000 ORGANIZATIONAL SUPPORT GRANT
1 22 25	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 POURTH STREET, UNIT 1B WINSTON-SALEM, NC 27101	56-1627179 S01(C)(3)	501(C)(3)	30,000.	.0			\$30,000 ORGANIZATIONAL SUPPORT GRANT
							Schedule I (Form 990)

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Ψ.	COUNCIL,				i i		56-0526856 Page 1
(b) EIN (covernments and Other Assistance to Governments and Adress of (b) EIN (c) IRC sect organization or government	Assistance to Gov		Organizations in the United States Ion (d) Amount of (e) Amount of cash grant assistant		(Schedule I (Form 990), Part II) t of (f) Method of (g) valuation noi	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
REYNOLDA HOUSE MUSEUM OF AMERICAN							
			-				\$40,000 ORGANIZATIONAL
WINSTON-SALEM, NC 27109	56-0810676	501(C)(3)	40,000.	0.			SUPPORT GRANT
RIVERRUN INTERNATIONAL FILM FESTIVAL - 305 WEST FOURTH STREET,							
SUITE 1-A - WINSTON-SALEM, NC	200		6	c			\$67,000 ORGANIZATIONAL
2/101	20-0204183	001(0)(0)	,000,10				SUFFUKI GRAMI
SAWTOOTH SCHOOL OF VISUAL ART 251 N SPRUCE STREET WINSTON-SALEM, NC 27101	56-0596516	501(C)(3)	87,696.	0			\$87,696 ORGANIZATIONAL SUPPORT GRANT
岜							\$107,837 ORGANIZATIONAL
CONTEMPORARY ART - 750 MARGUERITE	76.0656900	501(0)(3)	109 222	- c			SUPPORT GRANT & \$1,385 APTS IN EDHICATION GRANT
DELVE - WINSTON-SALEM, NC 2/100	0.000.00	15117170	. 224, COI	;			THE ROCKIES OF ALL
TAM TAM MANDIGUE 2721 CARDIFF COURT WINSTON-SALEM, NC 27103	20-0442598	501(C)(3)	.000,8	0			\$8,000 ARTS IN EDUCATION GRANT
THE KORNERS FOLLY FOUNDATION 413 S MAIN STREET KERNERSVILLE, NC 27284	56-1984048	501(C)(3)	2,000	.0			\$5,000 ANNUAL EVENT AND SERIES GRANT
THE LITTLE THEATRE OF WINSTON-SALEM - 419 SPRUCE STREET							\$108,000 ORGANIZATIONAL
	56-0526835	501(C)(3)	108,000.	0			SUPPORT GRANT
THE OLIO, INC.							
STE	000000000000000000000000000000000000000		9	c			\$10,000 ANNUAL EVENT AND
WINSTON-SALEM, NC Z/101	CT66640-00	201(5)(3)	000'01				SEALES GRANT
TRIAD STAGE, INC							\$72,000 ORGANIZATIONAL
232 SOUTH ELM STREET GREENSBORO NC 27401	62-1743981	501(C)(3)	72,720.	0			SUPPORT GRANT & \$720 ARTS IN EDUCATION GRANT
							Schedule I (Form 990)

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Schedule I (Form 990) THE ARTS COUNCIL, INC.	COUNCIL,	INC.	ial ott i storieri		Schedule I (Form 990) Dart)		56-0526856 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNCSA FOUNDATION 1533 SOUTH MAIN STREET WINSTON-SALEM, NC 27127	56-6064850	501(C)(3)	47,000.	.0		,	\$40,000 INNOVATION LAB INITIATIVE GRANT, \$5,000 CREATIVE VENTUES, & \$2,000 ARTS IN EDUCATION
WINSTON-SALEM DELTA FINE ARTS 2611 NEW WALKERTOWN ROAD WINSTON-SALEM, NC 27101	23-7282952	501(C)(3)	15,500.	.0			\$15,500 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)	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)	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)	154,594.	0.			\$146,094 ORGANIZATIONAL SUPPORT GRANT, \$8,500 ARTS IN EDUCATION GRANT
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
BLUE RIDGE PARKWAY FOUNDATION 717 S MARSHALL STREET, SUITE 105B WINSTON-SALEM, NC 27101	31-1512730 501(C)(3)	501(C)(3)	6,000.	.0			\$6,000 PARKS PROGRAMMING GRANT
					_		
							Schedule I (Form 990)

Page 2 (f) Description of noncash assistance 56-0526856 (e) Method of valuation (book, FMV, appraisal, other) ARTS THEIR 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 THE THE FOLLOWING INFORMATION AS REQUESTED IN 5 F STATISTICS Ö 。 。 (d) Amount of non-cash assistance 24,500. 500. 23,200. EVENT (c) Amount of cash grant ORGANIZATIONAL 9 1 (b) Number of 11 recipients GRANT RECIPIENTS THE ARTS COUNCIL, NO MONTHLY ATTENDANCE REPORTING COUNCIL VIA SURVEY MONKEY. SUBMITS (a) Type of grant or assistance ORGANIZATIONAL SUPPORT EACH ORGANIZATION Schedule I (Form 990) (2018) LINE ARTS IN EDUCATION REGIONAL GRANTS CONTRACT: PART I, Part IV Part III OTHER

BY FEBRUARY 1 OF EACH YEAR.

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Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

2018 Open to Public Inspection OMB No 1545-0047

Employer identification number 56-0526856 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. VI FOR COLUMNS (A) AND (F) CONTINUATIONS INC. SEE PART THE ARTS COUNCIL, Name of the organization Part | Bond Issues

Part Dond Issues	T A T \ \ T \		בובי (ייי)					H			:
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue brice	(t) Description	(t) Description of purpose	(g) Dereased (h) Un benair	Sed (r)	Un Dena		(i) Pooled
							ŀ	1	ianssi in	=	al Carig
						- 1	Yes	No Yes	S No	Yes	ę
FORSYTH CNTY INDUSTRIAL A FACILITIES & POLLUTION C 59-1225493	59-1225493	NONE	05/27/10	CONSTRUCT 7,500,000.MULTI-USE	CONSTRUCT MULTI-USE	r A BUILDIN		×	×		×
										_	
O								+	4		
Part II Proceeds											
ł			∢		В	2			Q		
1 Amount of bonds retired											
			H								
3 Total proceeds of issue			7,500	.000,							
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds			79,	,719.							
8 Credit enhancement from proceeds				- 1							
9 Working capital expenditures from proceeds			7,420	,281.		-					
10 Capital expenditures from proceeds											
11 Other spent proceeds											
13 Year of substantial completion			2(2010					ŀ		
			Yes	No Yes	No	Yes	No	Yes	ű	S	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (issue of tax-exempt b	onds (or,		;							
if issued prior to 2018, a current refunding issue)?	c(ər			×							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or,	issue of taxable bond	s (or, ıf									
issued prior to 2018, an advance refunding issue)?	ine)?			٧					+		
16 Has the final allocation of proceeds been made?	е,		×						1		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	ks and records to sup	port the	×								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instructions for F	orm 990.					Ś	chedul	Schedule K (Form 990) 2018	rm 99() 2018

Schedule K (Form 990) 2018 THE ARTS COUNCIL, INC.			26-0	56-0526856				Page 2
	,		B			၁	٥	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	% X	Yes	No	Yes	No	Yes	ON N
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×						
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?		×		:				
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 property?								
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		8		8		*		3
6 Total of lines 4 and 5		%		8 %		8 %		8
1		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?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		 %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under		×						
Part IV Arbitrage								
	A		B			O-	٩	
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	²×	Yes	Š	Yes	S.	Yes	oN N
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		×						
c No rebate due?		×						
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?		×						
832122 11-01-18						Sch	Schedule K (Form 990) 2018	n 990) 2018

832123 11-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

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 XII, LINE 2C:
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.