Short Form Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2008 calendar year, or tax year beginning 2008, and ending Check if applicables Employer identification number Address change THE ARTS CENTER OF CANNON COUNTY. INC. use IRS 58-1882966 Name change P.O. BOX 111 label or print or type. See Specific Instruc-Telephone number WOODBURY, TN 37190 Initial return 615-563-2787 Termination Amended return Group Exemption tions. Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method. Cash Accrual Other (specify) > Check ► X If the organization is not Website: ► N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 501(c) (3) \triangleleft (insert no.) 4947(a)(1) or Organization type (check only one) -Check | If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9-to-determine-gross-receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 505,964. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 152,806. 2 Program service revenue including government fees and contracts 2 353,023. Membership dues and assessments 3 Investment income 4 135. 5a Gross amount from sale of assets other than inventory 5a b Less, cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 5 c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less. direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6 c 7a Gross sales of inventory, less returns and allowances. . 7 a **b** Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe ► 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 505,964 Grants and similar amounts paid (attach schedule). 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 178,492 12 Professional fees and other payments to independent contractors. 13 13 4,554 14 Occupancy, rent, utilities, and maintenance 6002. g 0 Nm 14 15 Printing, publications, postage, and shipping 15 17,386. Other expenses (describe ► SEE STATEMENT 16 373,046. 17 Total expenses (add lines 10 through 16) 17 573,478.18 Excess or (deficit) for the year (Subtract line 17 from line 9) -67,514. 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 1,152,880. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 1,085,366. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 37, 147. 22 22 Cash, savings, and investments ... 14,728. 264,683. 23 Land and buildings 228,209. 23 24 Other assets (describe ► SEE STATEMENT 321,892. 24 301,106 25 Total assets 623,722. 25 544,043 Total liabilities (describe ► SEE STATEMENT 458,677 470,842. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 152,880. 27 1,085,366.

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

Form 990-EZ (2008)

EXTENSION 70 845-09

TEEA0803L 09/18/08

Form 990-EZ (2008) THE ARTS CENTER				-1882 <u>966</u>	Page 2
Part III Statement of Program Se		(See the instruction	ons.)	Exper	nses
What is the organization's primary exempt purpose? <u>SE</u> Describe what was achieved in carrying out the describe the services provided, the number of	E STATEMENT 4 ne organization's exempt purp f persons benefited, or other	poses. In a clear and co	oncise manner,	(Required for 5 and (4) organized 4947(a)(1) trus	601(c)(3) zations and ts, optional
program title.				for others)	
28 FURTHERANCE OF THE ARTS	IN CANNON AND SURRO	OUNDING COUNTIE	<u> </u>		
(Grants \$) If the	nis amount includes foreign gi	rants check here		28 a	
29				200	
	nis amount includes foreign gi	rants, check here		29a	
30					
(Cranta &				20.	
(Grants \$) If the structure of the stru	nis amount includes foreign gi e)	rants, cneck nere		30 a	
	nis amount includes foreign gi	rants, check here	. ▶□	31 a	
32 Total program service expenses (add I		., .	•	32	
Part IV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	is and land othe	nse account r allowances
DONALD FANN	EXECUTIVE DIREC	38,804.		0.	0.
395 BRYSON ROAD)		 		
WOODBURY, TN 37190			 		
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Form 990-EZ (2008) THE ARTS CENTER OF CANNON COUNTY, INC.

Form 990-EZ (2008)

Part V Other Information (Note the statement requirement in General Instruction V.) Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 X X 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes ... 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 35 a b if 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 X 0 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. **b** Did the organization file Form 1120-POL for this year? ... Х 37 b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A 501(c)(7) organizations Enter-N/A a-Initiation-fees-and-capital-contributions-included on line 9 ... 39 a **b** Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: 0.; section 4912 ► 0. ; section 4955 ► b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I Х 40 b c Enter amount of tax imposed on organization managers or disqualified persons during the 0 d Enter amount of tax on line 40c reimbursed by the organization 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Х 40 e List the states with which a copy of this return is filed NONE 42 a The books are in care of ► DONALD FANN, EXEC DIRECTOR Telephone no. ► 615-563-2787 Located at ► BOX 111, WOODBURY, TN Yes No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 42 b Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If 'Yes,' enter the name of the foreign country:. . N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year . . . Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 44 of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 45 Form 990 must be completed instead of Form 990-EZ.

	EZ (2008) THE ARTS CENTER OF				<u>5</u> 8-18829	66	Page 4
Part VI	Section 501(c)(3) organization	s only. All section	501(c)(3) orga	anızat			
	and complete the tables for lin	es 50 and 51.			SEE STA	TEMENT 5	5
46 Did t	he organization engage in direct or indire	ect political campaign ac	ctivities on behal	lf of or	in opposition to candidates	Yes	No
	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule					46	<u> </u>
	he organization engage in lobbying activ					47	X
	e organization operating a school as des					48	X
49 a Did t	he organization make any transfers to ar	n exempt non-charitable	related organiza	ation?		49a	X
b If 'Ye	es,' was the related organization(s) a sec	tion 527 organization?			• •	49 b	
50 Com	plete this table for the five highest composed more than \$100,000 of compensation	ensated employees (oth n from the organization	er than officers, If there is none	directo	ors, trustees and key employ 'None.'	ees) who ea	ach _
) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowance	
N/A						. '	
		0		0.	0.		0.
]					
		<u> </u>					
			-				
		L					
Total number	of other employees paid over \$100,000	0					
N/A	the organization. If there is none, enter (a) Name and address of each independent conf				(b) Type of service	(c) Compensati	ion
-11/11			- -{				0.
							
							
							
		· • · · · · · · · · · · · · · · · · · ·			""		
Total numb	per of other independent contractors rece	eiving over \$100 000			0		
	Under penalties of perjury, I declare that I have exartrue, correct, and complete. Declaration of preparer		mpanying schedules a all information of which	and stater h prepare		ge and belief, it	IS
Sign	* Dout		<u> </u>		15-77-09		
Here	Signature of officer				Date		
	DONALD FANN				EXECUTIVE DIRECTO	<u>R</u>	
	Type or print name and title						
Paid	ricpaicis	CPA	Date 5 / 2	2/09		er's identifying N structions)	lumber
Pre- parer's	Firm's name (or HALL, DAVIDSON				1 - 2 - 2 - 1 - 1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		
Use	yours if self- employed), P.O. BOX 1234	- '		•	EIN ► N/	A	
Only	address and	N 37133-1234		-		893-933	4
May the IR	S discuss this return with the preparer s		etions		▶		_
		HOWIT ADDIVE: DEC HISHO		•		X Yes	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE ARTS CENTER OF CANNON COUNTY, INC 58-1882966 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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 organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II Type III — Functionally integrated d | Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports. h (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (iv) Is the organization in col (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? (i) listed in your governing document? Yes Yes No No Yes No Total BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Sch	edule A (Form 990 of 990-EZ) 200	8 IRE ARIS	CENTER OF	CANNON COU	NTY, INC.	<u> </u>	32966	Page 2
Pai	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	ıd 170(b)(1)(A)((vi)
Sac	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	rt I.)				
		<u> </u>			T -		—т	·
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-3.						Ì	
	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).							
6	Public support. Subtract line 5 from line 4						l	
Sec	tion B. Total Support					·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.).							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see in:	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section !	501(c)((3)
Sec	tion C. Computation of Pu	<u>blic Support P</u>	ercentage			,		
14 15	Public support percentage for 20 Public support percentage for 20		- · ·		···· · · · · · · · · · · · · · · · · ·		14 15	<u>%</u> %_
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo	ox on line 13, and	d the line 14 is 33	3-1/3 % or m	ore, ch	neck this box
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 3	33-1/3% or m	nore, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explaın ı	n Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain i	n Part	IV how the
18	Private foundation. If the organi		-			_		⊢
BAA					So	hedule A (F	orm 99	90 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal yr beginning ın) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	97,219.	159,956.	276,942.	598,462.	152,806.	1,285,385.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity	37,223.	1337 330.	210,342.	330, 402.	132,000.	1,203,363.
	that is related to the organization's tax-exempt purpose	97,258.	211,080.	236,522.	324,934.	353,023.	1,222,817.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6_	_Total. Add_lines_1-5	194-,-4-7-7	371,036.	513,464.	923 , 396.	505,829.	-2,508,202
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
_		U.		<u> </u>	0.	υ.	0.
٥	Public support (Subtract line						2 500 202
C	7c from line 6)	ľ					2,508,202.
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	194,477.	371,036.	513,464.	923,396.	505,829.	2,508,202.
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	368.	107.	1,003.	663.	135.	2,276.
С	Add lines 10a and 10b	368.	107.	1,003.	663.	135.	2,276.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add ins 9, 10c, 11, and 12)						2,510,478.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ► □
Sec	tion C. Computation of Pul		ercentage			-	
	Public support percentage for 20			e 13. column (fl)		15	99.9%
16						16	99.9%
	tion D. Computation of Inv					<u> </u>	
	···				ma (f))	17	0.1%
	Investment income percentage for			-		17	0.1%
18	Investment income percentage fi					[18]	0.1%
	33-1/3 support tests - 2008. If the comore than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	iblicly supported o	organization	. ► <u>X</u>
D	33-1/3 support tests - 2007. If the support tests is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	· · · · • •
	Private foundation. If the organiz	zation did not che	ck a box on line 1	4. 19a. or 19b. c	heck this box and	see instructions	. ►

Schedule	A (Form 990	or 990-EZ	2008	THE	ARTS	CENT	ER OF	CANN	ON C	OUNTY,	INC.	58-188296	5 Page 4
Part IV	」Suppiem Part Ⅱ. Ⅲ	ental Inf ne 17a c	formator 17b:	i on. Co or Par	omple	te this	part to	provi	de the	e explai	nation r	58-1882960 equired by Part I formation. (see in	l, line 10;
			, .,		· · · · · · · · · · · · · · · · · · · 			ac arry	00110	- addition	Jilai IIII	ormation: (See in	3000013)
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201018: PEDERVAL STRAINEMENTS CHEM AGREEMENT DE GANDOMOMUMANT	Constitutive to	PAGE 1 58-1882966
5/22/09 STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		05:32PM
ADVERTISING AND PROMOTION. OFFICE EXPENSES. TRAVEL	\$	1,662. 8,019. 2,283. 23,491. 52,143. 11,497. 71,417. 67,705. 38,606. 18,798. 15,519.
INTEREST DEPRECIATION INSURANCE RESTAURANT EXP EVENT EXPENSES. UTILITIES & PHONE GIFT SHOP MDSE & COMM MAINT & REPAIRS MUSEUM EXP CLASSES. RENTAL, CD, PUBLICATION, MISC TIMBER COOP EXP MISCELLANEOUS EXP BANK CARD EXP GIFT SHOP & GALLERY EXP CONCESSION EXPENSES M'BORO CITY SCHOOLS CONTRACT E GRAPHIC ARTS FINANCE CHARGES SALES TAX SHOP SUPPLIES SECURITY GRANT EXP - TIMBER COOP SCHOLARSHIPS BANK CHARGES.		12,446. 10,915. 9,951. 6,700. 4,965. 4,349. 2,784. 2,083. 1,825. 1,425. 1,286. 1,155. 907.
STATEMENT 2	TOTAL <u>\$</u>	338. 300. 300. 177. 373,046.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	BEGINNING	ENDING
FURNITURE AND FIXTURES. ACCOUNTS RECEIVABLE. PLEDGES AND GRANTS RECEIVABLE INVENTORIES PREPAID EXPENSES AND DEFERRED CHARGES. MUSEUM COLLECTION TOTAL	\$ 83,896. 6,250. 20,400. 4,306. 2,980. 204,060. \$ 321,892.	5,107. 0. 8,099. 0. 204,060.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES. DEFERRED REVENUE. SECURED MORTGAGES AND NOTES PAYABLE. SALES TAX PAYABLE.	\$ 3,309. 15,000. 436,031. 678.	\$ 873. 0. 453,313.

2008

MEDIERANE SHAMEMENHS

PAGE

CHEN ARTOENER

STATE OF STA

05:32PM

5/22/09

STATEMENT 3 (CONTINUED) FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCRUED INTEREST PAYABLE ...
UNREDEEMED GIFT CARDS

BEGINNING ENDING

\$ 15,359. \$ 3,553.
465. 296.

TOTAL \$ 470,842. \$ 458,677.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ARTS CENTER HOLDS VARIOUS SHOWS, EVENTS, PLAYS, ARTISTIC ACTIVITIES, ETC., WITH GRANTS, DONATIONS, MEMBERSHIPS, AND ADMISSIONS INCOME BEING USED TO PAY RELATED EXPENSES, THUS PROVIDING QUALITY ARTS EXPERIENCES AND THE OPPORTUNITY TO PARTIPATE IN THE ARTS FOR RESIDENTS OF CANNON AND SURROUNDING COUNTIES, COMPRISING A MOSTLY RURAL PART OF MIDDLE TENNESSEE.

STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

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]];; <u> </u>		VALSUPPO				PAGE
2/09					AN AND A LAND	05 32
CONTRIBUTIO GOVERNMENT	NS, GIFTS, AND GRANTS GRANTS	5				
TENN ARTS CO STATE OF TEN NATIONAL EN	OMMISSION GENERAL SU OMM PROGRAM GRANTS NNESSEE OOWMENT FOR THE ARTS F TRANSPORT FOR BUIL			TOTAL	\$	23,000. 21,250. 3,000. 13,000. 56,636. 116,886.
CONTRIBUTIO	NS, GIFTS, AND GRANTS	S NTS, ETC.			·	
DIRECT PUBLE	IC SUPPORT INDIVIDUA	L CONTRIBUTIO		: :-	\$	19,700. 5,720.
GENERAL MIL	LS. PAIGN - INDIVIDUALS		· · · · · · · · · · · · · · · · · · ·	TOTAL	\$	10,000. 500. 35,920.
	RTGAGES AND OTHER N	IOTES PAYABL	E [O]			8887
RDA MORTGAGI FIRST NATL I NOTE PAYABLI	E BANK CONSTRUCTION LO E - FRAN PARIS	AN	· · · · ·	TOTAL		18,313. 425,000. 10,000. 453,313.

12/31/08 2008 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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CLIENT ARTCENTR THE ARTS CENTER OF CANNON COUNTY, INC.

NO.	DESCRIPTION	DATE ACQUIRED_	DATE SOLD	COST/ BASIS	BUS.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE.	CURRENT DEPR.
ORN	A 1120									
BU	IILDINGS									
1	BUILDING	7/01/91		256,020			105,614	S/L	. 40	6,4
2	BUILDING ADDITION	7/01/96		81,604			23,460	S/L	. 40	2,0
3	BUILDING ADDITION	7/01/97		35,231			9,250	S/L	. 40	;
4	BUILDING ADDITION	7/01/98		10,384			2,470	S/L	. 40	;
37	BUILDING ADDITION	7/01/99		14,039			2,808	S/L	. 40	:
-38-	-BUILDING-ADDITION	1·/01·/00		10,181			2,040	S/L	40	:
74	BUILDING IMPROVEMENTS	7/01/05		47,072			4,551	S/L HY	25	1,8
85	BUILDING ADDITION	12/31/07		733,202				\$/L	. 40	18,
	TOTAL BUILDINGS			1,187,733		0	150,193			30,
IM	PROVEMENTS									
5	PAVING	7/01/93		26,917			26,015	S/L	. 15	
39	SIDEWALK	4/17/00		1,386			690	S/L HY	15	
40	LANDSCAPING	5/23/00		1,000			502	S/L HY	15	
75	WATER & SEWER LINES	7/01/05		78,967			5,037	S/L MM	39	2,
86	PAVING	12/31/07		11,250				S/L	. 15	
87	SEWER LINE	12/31/07		89,494				S/L	. 40	2,
	TOTAL IMPROVEMENTS			209,014		0	32,244			6,
MA	ACHINERY AND EQUIPMENT									
6	COMPUTER	7/01/91		2,456			2,456	S/L	. 5	
7	STAGE LIGHTING	7/01/91		8,916			7,358	S/L	. 20	
8	CHAIRS - STAGE	7/01/91		12,825			10,578	S/L	. 20	
9	EQUIPMENT	7/01/97		2,247			2,247	S/L	. 10	
10	EQUIPMENT	7/01/92		263			263	S/L	. 10	
11	KILN	7/01/93		1,242			1,242	S/L	. 10	
12	BASKETS	7/01/93		625			625	S/L		
13	EQUIPMENT	7/01/94		557			557	S/L		
14	SIGN	7/01/95		39,448			19,725	S/L		1,
15		7/01/95		10,580			10,580	S/L		
16	PHONE SYSTEM	7/01/95		2,568			2,568	S/L		
	CAMERA	7/01/96		451			451	S/L		
18	EQUIPMENT	7/01/96		277			277	S/L	. 10	
19	COMPUTER	7/01/97		2,590			2,590	S/L	. 5	

12/31/08

2008 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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CLIENT ARTCENTR

THE ARTS CENTER OF CANNON COUNTY, INC.

<u>.NO</u> .	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD_	LIFE .	CURRENT DEPR
20	EQUIPMENT	7/01/97		524			524	S/L	10	0
21	TAPESTRY	7/01/97		3,500			1,838	S/L	20	175
22	SHELVING	7/01/98		180			171	S/L HY	10	9
23	SCULPTURES	7/01/98		500			475	S/L HY	10	25
24	FOUNTAIN	7/01/98		375			361	S/L HY	10	14
25	LIGHTING	7/01/98		466			446	S/L HY	10	20
26	COPIER	7/01/98		590			590	S/L HY	5	0
27	LIGHTING	7/01/98		383			361	S/L HY	10	22
28	COMPUTER UPGRADES	7/01/98		994			994_	S/LHY	5-	0_
29	20 TABLES	7/01/98		800			760	S/L HY	10	40
30	MISC KITCHEN EQUIPMENT	7/01/99		2,834			2,406	S/L HY	10	283
31	STOVE	7/01/99		1,000			850	S/L HY	10	100
32	ICE MACHINE	7/01/99		900			765	S/L HY	10	90
33	DIMMER	7/01/99		800			680	S/L HY	10	80
34	DISH WASHER	7/01/99		2,500			2,125	S/L HY	10	250
35	SHOP VACUUM	7/01/99		191			162	S/L HY	10	19
36	LASER PRINTER	7/01/99		260			260	S/L HY	5	0
41	RANGE HOOD	7/01/00		4,367			3,277	S/L HY	10	437
42	PIANO DOLLY	7/01/00		450			338	S/L HY	10	45
43	FOLDER	7/01/00		1,132			848	S/L HY	10	113
44	COMPUTER	7/01/00		719			719	S/L HY	5	0
45	COMPUTER	7/01/00		1,249			1,249	S/L HY	5	0
46	TABLES	7/01/00		700			525	S/L HY	10	70
47	GENIE LIFT	7/01/00		2,000			1,500	S/L HY	10	200
48	PAINT MIXER	7/01/00		700			525	S/L HY	10	70
49	FREEZER	7/01/00		225			172	S/L HY	10	23
50	OFFICE EQUIPMENT	7/01/00		600			450	S/L HY	10	60
51	STATUE	7/01/00		500			375	S/L HY	10	50
52	PRINTER	1/01/01		380			380	S/L HY	5	0
53	PIANO	1/31/01		8,000			5,200	S/L HY	10	800
54	FAX	4/30/01		350			350	S/L HY	5	0
55	LIGHT BOOTH	5/31/01		420			273	S/L HY	10	42
56	PIANO BOX	8/31/01		251			163	S/L HY	10	25
57	COMPUTER & MISC EQUIP.	7/31/01		1,090			1,090	S/L HY	5	0
58	20-TON AIR CONDITIONER	10/31/01		15,200			9,880	S/L HY	10	1,520
59	COMPUTER UPGRADES	7/01/02		922			922	S/L HY		0
60	TELEPHONE SYSTEM	7/01/02		5,075			2,794	S/L HY		508
61	DIGITAL CAMERA	7/01/02		330			330	S/L HY		0
62	SOUND SYSTEM	7/01/02		4,179			2,299	S/L HY	10	418

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2008 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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CLIENT ARTCENTR

THE ARTS CENTER OF CANNON COUNTY, INC.

<u>NO.</u>	DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHO	D_	LIFE _	CURRENT DEPR
63	GALLERY TILE & CARPET	7/01/02		813			447	S/L	НҮ	10	81
64	SIGN	7/01/02		1,200			660	S/L		10	120
65	FOLDING CHAIRS	7/01/02		1,530			842	S/L		10	153
66	6 TABLES	7/01/02		811			446	S/L		10	81
67	LIGHT BOARD, MONITOR, ETC	7/01/03		4,809			2,164	S/L	HY	10	481
68	COMPUTER	7/01/03		848			765	S/L	HY	5	83
69	COMPUTER	7/01/03		849			765	S/L		5	84
70	SOUND EQUIPMENT	7/01/03		1,574			707	S/L	HY	10	157
71	SOUND EQUIPMENT	7/01/04		5,898			2,065_	\$/L_	_HY_	10	590-
——72 [—]	COMPUTER EQUIPMENT	7/01/04		584	_		409	S/L	НҮ	5	117
73	LIGHTING EQUIPMENT	7/01/04		545			192	S/L	HY	10	55
76	EQUIPMENT	7/01/04		1,814			723	S/L	HY	10	181
77	COPIER	7/01/05		521			260	\$/L	HY	5	104
78	5 COMPUTERS	7/01/05		1,821			910	S/L	HY	5	364
79	HAND RAILS	7/01/05		3,868			967	S/L	HY	10	387
80	CHAIR BOTTOMS	7/01/05		5,575			1,395	S/L	HY	10	558
81	ELECTRICAL EQUIPMENT	7/01/05		7,945			1,987	S/L	HY	10	795
82	MUSEUM CABINETS	7/01/06		8,500			1,274	S/L	HY	10	850
83	MUSEUM EXHIBIT TECHNOLOGY	7/01/06		5,500			824	S/L	HY	10	550
84	MIXING BOARD	7/01/06		1,013			151	S/L	HY	10	101
88	COMPUTER	5/19/07		549			54	200DB	HY	5	176
89	AUDIO RACK	6/19/07		369			18	S/L	HY	10	37
90	TV'S FOR GALLERY	9/25/07		2,696			135	S/L	HY	10	270
91	COPIER	10/24/07		764			76	S/L	HY	5	153
92	COPIER & PRINTER	12/16/08		1,155		578		S/L	HY	5	115
93	RESTAURANT EQUIPMENT	7/01/08		9,039		4,520		S/L	HY	10	452
94	CASH REGISTER	5/28/08		199		100		S/L	HY	5	20
95	TELEPHONE SYSTEM WIRING	3/11/08		1,913		957		S/L	HY	5	191
96	DUMPSTER	5/09/08		817		409		S/L		5	41
97	COMPUTER EQUIPMENT	1/18/08		479		240		S/L		5	48
98	STAGE CURTAINS	10/03/08		2,011		1,006		S/L	HY	10 _	101
	TOTAL MACHINERY AND EQUIPME			226,690		7,810	127,180				15,669
	TOTAL DEPRECIATION			1,623,437	_	7,810	309,617			-	52,143
	GRAND TOTAL DEPRECIATION			1,623,437	_	7,810	309,617			=	52,143

Form **8868** (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 2 Mar	nth Extension, complete only Part I and check this bo			
					► X
Do not come	e illing for an Additional (Not A	Automatic) 3-Month Extension, complete only Part II	(on page 2 of the	is form).	
		ready been granted an automatic 3-month extension		filed Form 8868.	
Parti	Automatic 3-Month Exte	nsion of Time. Only submit original (no cor	pies needed).		
•					
		nd requesting an automatic 6-month extension — che			▶ 📋
All other corp Income tax r	porations (including 1120-C file eturns	ers), partnerships, REMICS, and trusts must use Forn	n 7004 to request	t an extension of time	to file
		a alastromosili. Ala Farra 2000 Augusta 2 marti			
returns noted	below (6 months for a corpor	n electronically file Form 8868 if you want a 3-month ation required to file Form 990-T). However, you can	automatic extens	sion of time to file one 8 electronically if (1)	of the
ine additiona	ii (not automatic) 3-month exte	INSION OF (2) VOU TILE FORMS 490-BL 6069 OF 8870 OI	roun returns or a	a composite or consol	idated
rorm 990-1. this form, vis	instead, you must submit the safe www.irs.gov/efile and click o	fully completed and signed page 2 (Part II) of Form 8 on e-file for Charities & Nonprofits.	3868. For more de	etails on the electroni	c filing of
	Name of Exempt Organization	The for original a Horipronis.		I= 1 11 10 1	
Type or	Name of Exempt organization			Employer identification nu	ımber
print	THE ADMC CENTED OF	CANNON COUNTY TWO			
File by the	Number, street, and room or suite num	CANNON COUNTY, INC.		58-1882966	
due date for filing your	1	oer. II a P O box, see instructions.			
return. See	P.O. BOX 111	code For a foreign address, see instructions	<u> </u>		
11130 000013		code For a foreign address, see instructions			
<u> </u>	WOODBURY, TN 37190				
		arate application for each return):	_		
Form 990		Form 990-T (corporation)	Form 472	20	
Form 990		Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
X Form 990		Form 990-T (trust other than above)	Form 606	59	
Form 990	D-PF	Form 1041-A	Form 887	70	
The books	s are in the care of . DONAL	D_FANN,_EXEC_DIRECTOR			
Tolonbone	e No. ► 615-563-2787	FAVAL.			
		FAX No. ►ice or place of business in the United States, check t			. _
- II uriis is i	or a Group Return, enter the c	organization's four digit Group Exemption Number (Gl	EN) If	this is for the whole of	group,
		of the group, check this box $ ightharpoonup$ and attach a list $ ightharpoonup$	with the names a	ind EINs of all membe	∍rs
	ision will cover.		· · · · · · · · · · · · · · · · · · ·		
		onths for a corporation required to file Form 990-T) ex			
	tension is for the organization's	ile the exempt organization return for the organization	in named above.		
		s return for:			
[[calendar year 20 08 or				
	tax year beginning	, 20, and ending, 20	_		
2 If this to	ax year is for less than 12 mor	nths, check reason.	return C	change in accounting	period
3a If this a nonrefu	application is for Form 990-BL, indable credits. See instruction	990-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$	0.
b If this a made.	pplication is for Form 990-PF include any prior year overpay	or 990-T, enter any refundable credits and estimated ment allowed as a credit	tax payments	3b \$	0.
c Balanc	e Due. Subtract line 3b from lin	ne 3a. Include your payment with this form, or, if regi	uired.		_
deposit See ins	with FTD coupon or, if require structions	ne 3a. Include your payment with this form, or, if requent, by using EFTPS (Electronic Federal Tax Payment	System).	3c \$	0.
Caution. If yo		onic fund withdrawal with this Form 8868, see Form	8453-EO and For	m 8879-EO for	