Form **990**

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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 2005 calendar year, or tax year beginning , 2005, and end	
В	Check if applicable:	D Employer Identification Number
	Address change Please use THE ARTS CENTER OF CANNON COUNTY, INC.	58-1882966
	Name change or print or type P.O. BOX 111 WOODBURY, TN 37190	E Telephone number
	Initial return specific	615-563-2787
	Final return instruc-	F Accounting method: Cash X Accrual
	Amended return	Other (specify) ►
	Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt	and I are not applicable to section 527 organizations.
	charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	(a) Is this a group return for affiliates? Yes X No
G	Web site: ► N/A	(b) If 'Yes,' enter number of affiliates ►
		(C) Are all affiliates included? Yes No
J	Organization type (check only one) ► X 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527	(If 'No,' attach a list. See instructions.)
	Check here ► if the organization's gross receipts are normally not more than	(d) Is this a separate return filed by an
	\$25,000. The organization need not file a return with the IRS; but if the organization.	organization covered by a group ruling? Yes X No
	chooses to file a return, be sure to file a complete return. Some states require a complete return.	
		I Check $\triangleright X $ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
L Date	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 371,143.	
ra		es (See instructions)
	1 Contributions, gifts, grants, and similar amounts received: a Direct public support	72,888.
	b Indirect public support	72,000.
	c Government contributions (grants)	87,068.
	d Total (add lines la through 1c) (cash \$ 159,956. noncash \$)	
	2 Program service revenue including government fees and contracts (from Part VII, lin	
	3 Membership dues and assessments.	
	4 Interest on savings and temporary cash investments	
	5 Dividends and interest from securities	
	6a Gross rents	
	b Less: rental expenses. 6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	
R	7 Other investment income (describe	E STATEMENT 1) 7 107.
REVENUE	8a Gross amount from sales of assets other (A) Securities	(B) Other
N	than inventory	Line and the second sec
Ë		
	c Gain or (loss) (attach schedule)	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	
	9 Special events and activities (attach schedule). If any amount is from gaming, chec	ck here ▶ □
	a Gross revenue (not including \$ of contributions reported on line 1a)	
	reported on line 1a)	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c
	10a Gross sales of inventory, less returns and allowances	
	b Less: cost of goods sold	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	
	11 Other revenue (from Part VII, line 103)	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	
	13 Program services (from line 44, column (B)).	
EXPERSES	Management and general (from line 44, column (C))	
E	15 Fundraising (from line 44, column (D))	
S	16 Payments to affiliates (attach schedule)	
_ <u>s</u>	7. 1010.01.01.01.01.01.01.01.01.01.01.01.01	
4	A 18 Excess or (deficit) for the year (subtract line 17 from line 12)	
NET	19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation)	
Ť		
	S 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	

Part III Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	Grants and allocations (att sch)								
	(cash \$								
	non-cash \$)								
	If this amount includes foreign grants, check here	22							
23	Specific assistance to individuals (att sch)	23							
24	Benefits paid to or for members (att sch)	24							
25	Compensation of officers, directors, etc	25	47,348.	42,613.	4,735.	0.			
26	Other salaries and wages	26	110,808.	99,727.	11,081.				
27	Pension plan contributions	27_							
28	Other employee benefits	28_	2,706.	2,435.	271.				
29	Payroll taxes	29	12,099.	10,889.	1,210.	 			
30	Professional fundraising fees	30							
31	Accounting fees	31	4,525.		4,525.				
32	Legal fees	32							
33	Supplies	33	4,608.	4,147.	461.				
34	Telephone	34							
35	Postage and shipping	35	7,751.	6,976.	775.				
36	Occupancy	36							
37	Equipment rental and maintenance	37	5,428.	4,885.	543.				
38	Printing and publications	38	18,135.	16,322.					
39	Travel	39	1,530.	1,377.	153.				
40	Conferences, conventions, and meetings	40							
41	Interest	41	1,090.	981.	109.				
42	Depreciation, depletion, etc (attach schedule)	42	27,276.	24,548.	2,728.				
43	Other expenses not covered above (itemize):								
	SEE STATEMENT 2	43a	142,839.	138,726.	4,113.	_			
)	43b							
		43 c							
	d	43 d							
		43 e							
1		43 f							
		43 g							
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D),								
	carry these totals to lines 13 - 15)	44	386,143.	353,626.	32,517.	0.			
	t Costs. Check. ► if you are following								
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No								
	If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services								
\$_	; (iii) the amount a	locate	d to Management and g	eneral \$; and (iv) th	e amount allocated			
to F	to Fundraising \$								

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Form 990 (2005)

Form 990 is a	vailable f	or public inspection	and, for som	e people, se	rves as the	primary or	sole source of	information a	about a particula	ır
organization.	How the	public perceives an	organization i	n such case	s may be o	letermined	by the informat	tion presented	l on its return. T	herefore,
please make	sure the i	eturn is complete a	and accurate a	nd fully des	cribes, in P	art III, the	organization's p	programs and	accomplishmen	ts.

What is the organization's prim	ary exempt purpose? ► SEE	STATEMENT 3		Program Service Expenses
All organizations must describe	their exempt purpose achieve	ments in a clear and concise manner are not measurable. (Section 501(c)(3) benter the amount of grants and alloc	. State the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
zations and 4947(a)(1) nonexe	empt charitable trusts must also	enter the amount of grants and allow	cations to others.)	optional for others.)
		AND SURROUNDING COUNTIES		
				1
(Grants and allocations	\$) If this amount includes foreign grants,	check here >	353,626.
(Grants and allocations	s) If this amount includes foreign grants,	check here	}
Grants and allocations	s) If this amount includes foreign grants,	check here	ŀ
d		,	<u> </u>	
"				
(Grants and allocations	\$) If this amount includes foreign grants,	check here >	
<u></u>	·····	,gr. granto		
(Grants and allocations) If this amount includes foreign grants,	check here ▶ □	
		44, column (B), Program services)		353,626.
i Total of Llogiani Scivici	Expenses (snould equal line	11, 00.4/1/11 (D), 1 10g/4/11 00/ 11003/		

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Part IV Balance Sheets (See Instructions)

						
Note	: Whe	ere required, attached schedules and amounts within the description umn should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
\neg	45	Cash – non-interest-bearing		111,253.	45	41,184.
		Savings and temporary cash investments		4,107.	46	
- 1						
	47 a	Accounts receivable	2,900.			
		Less: allowance for doubtful accounts 47b		1,500.	47 c	22,900.
ı	•					
	48 a	Pledges receivable				
1	b	Less: allowance for doubtful accounts			48 c	
- 1	49	Grants receivable			49	
			Γ			
A	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
A S E T S	51 a	Other notes & loans receivable (attach sch)	Γ			
Ę		Less: allowance for doubtful accounts			51 c	
3		Inventories for sale or use			52	
		Prepaid expenses and deferred charges			53	
	54	Investments — securities (attach schedule)	☐ FMV		54	
	55.3	Investments – land, buildings, & equipment: basis 55a				
İ						
İ	b	Less: accumulated depreciation (attach schedule)			55 c	
	56	Investments — other (attach schedule)			56	
			4,860.			
		Zaria, Sananigo, and Sananigo				
	b	Less: accumulated depreciation (attach schedule)	18,555.	437,812.	57 c	556,305.
Ì		Other assets (describe)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58		554,672.	59	620,389.
-		Accounts payable and accrued expenses		4,818.	60	86,571.
٠, ١	61	Grants payable			61	
Ī	62	Deferred revenue			62	
A B I L I T		Loans from officers, directors, trustees, and key employees (attach schedule)			63	
Ļ	6/13	Tax-exempt bond liabilities (attach schedule)			64a	
Ť		o Mortgages and other notes payable (attach schedule)		22,615.	64 b	21,620.
Ė	65	Other liabilities (describe . SEE STATEMENT 5)(1,215.	65	1,174.
		Total liabilities. Add lines 60 through 65		28,648.	66	109,365.
	Organ	izations that follow SFAS 117, check here X and complete lines	67			
N E T	J. gan	through 69 and lines 73 and 74.				
	67			526,024.	67	511,024.
Ş	68	Temporarily restricted			68	
AWWELV		Permanently restricted			69	
	Organ	nizations that do not follow SFAS 117, check here ► and complete	te lines			
R	Organ	70 through 74.				
FUZD	70	and the second second			70	
Ŋ	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
B	72				72	
BALANCES			1			
ZCF	73	Total net assets or fund balances (add lines 67 through 69 or lines 702; column (A) must equal line 19; column (B) must equal line 21)	o unougn	526,024.	73	511,024.
ร	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		554,672.	74	620,389.
ВА		CAN DESCRIPTION OF THE PROPERTY OF THE PROPERT				Form 990 (2005)

For	m 990 (2005) THE ARTS CENTER OF CANNON COUNTY, INC.	8-1882966	Page
Pa	art IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per instructions.)	Return (See	;
a	Total revenue, gains, and other support per audited financial statements		371,143
b	Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments		

a b	Total revenue, gains, and other support per audited financial statements. Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments. 2 Donated services and use of facilities. 3 Recoveries of prior year grants. 4 Other (specify): b4	. a	371,143.
	Add lines b1 through b4		
С	Subtract line b from line a	. <u>C</u>	371,143.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	—	
	2Other (specify):		
	d2		
	Add lines d1 and d2		
e	Total revenue (Part I, line 12). Add lines c and d	► e	371,143.
P	and VES Reconciliation of Expenses per Audited Financial Statements with Expenses pe	r Ret	urn
a	Total expenses and losses per audited financial statements	. a	386,143.
b	1 Donated services and use of facilities		
	1 Donated services and use of facilities		
	2Prior year adjustments reported on Part I, line 20	一臟	
	4Other (specify): b4		
	Add lines b1 through b4	· b	206 142
C	Subtract line b from line a	. C	386,143.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	-	
	2Other (specify):		
	d2	四种	
	Add lines d1 and d2	}	386,143.

Part V.A. Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DONALD FANN 2707 COCHISE COURT MURFREESBORO, TN 37127	EXECUTIVE DIREC 0	47,348.	0.	0.
	TEF A01051	017/05		F 999 (000F)

Form	990 (2005) THE ARTS CENTER OF CAI	NNON COUNTY. T	NC.	58-1882	966		E	age 6
	t V-A Current Officers, Directors, Tru				, , , 0 0		Yes	
	Enter the total number of officers, directors, and trustees p					\neg		North 1
	Are any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relations.	nployees listed in Form nsated professional and ugh family or business	990, Part V-A, or highed d other independent correlationships? If 'Yes.'	est compensated emplo ntractors listed in Sched attach a statement that	1	75 b		X
c	Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to this organization through common supervisi	ployees listed in form s nsated professional and n any other organization	990, Part V-A, or highes d other independent co	st compensated employentractors listed in Scheot tor taxable, that are rel	dule	75 c		¥×c X
	Note. Related organizations include section 50	09(a)(3) supporting org	anizations.			Ī	大大 大大大	Ęķ. ja.
	If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	ensation arrangements	s, including amounts pa	id to each individual by	each			
C	Does the organization have a written conflict of	of interest policy?			<u> </u>	75 d		
Pan	Former Officers, Directors, True Benefits (If any former officer, directed during the year, list that person below a the instructions.)	or, trustee, or kev emp	lovee received compen	sation or other benefits	(descrit oriate co	bed bolumi	helow'	e
	(A) Name and address	Advances	(C) Compensation	employee benefit plans and deferred compensation plans	accor	ùnt a	and ot	
		· · · · · · · · · · · · · · · · · · ·						
Da	rt VI¥ Other Information (See the instruct	tions)		<u> </u>	<u> </u>	\neg	Yes	No
			II ID03 ICN		$\overline{}$		TES	No H
	Did the organization engage in any activity no attach a detailed description of each activity.				_	76	SHA NAZ	X
77	Were any changes made in the organizing or	-	out not reported to the I	RS?	···· [_7	77	5-27-34.	X
70-	If 'Yes,' attach a conformed copy of the chang	•	O an manna dissipat Alexana	and an arranged by the control	<u>,</u> [.	۲-		
	Did the organization have unrelated business of the organization have unrelated business of the organization have unrelated business.	~		•	_	78 a	NT NT	X
	·	-		• • • • • • • • • • • • • • • • • • • •	H	78 b	N/	A
	Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement		• • • • • • • • • • • • • • • • • • • •			79		X
.80 a	Is the organization related (other than by asso membership, governing bodies, trustees, office	ociation with a statewid ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ration) through common rganization?	,	80 a		X

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nonexempt.

81 b

b Did the organization file Form 1120-POL for this year?.....

Form	990 (2005) THE ARTS CENTER OF CANNON COUNTY, INC.	58-188296	5	. P	age 7
• Par	t:VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82 a		Х
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	on applications?	83 a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contrib		83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	# P	X
	If 'Yes,' did the organization include with every solicitation an express statement that such content tax deductible?		84 b	Z.W. N.	/A
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	N,	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N.	Α
	If 'Yes' was answered to either 85a or 85b, do no t complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	ne organization received a			
		85c N/A			
d	Section 162(e) lobbying and political expenditures	85 d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N.	<u>A</u>
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85 h	N,	'A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		l		
	line 12	86a N/A			
	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or partnership, 701-2 and 301.7701-3?	88		х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year u section 4911 ► 0.; section 4912 ► 0.; section 4				
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction.		89b		х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during t	he	030		
	year under sections 4912, 4955, and 4958				0.
	List the states with which a copy of this return is filed > NONE				U.
	Number of employees employed in the pay period that includes March 12, 2005 (See instruc		90 b		<u>_</u>
	The books are in care of ► DONALD FANN, EXEC DIRECTOR Telephone nu				
J1 u	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 financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over a inancial account)?	91 b	103	X
	If 'Yes,' enter the name of the foreign country				17 15 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of			Mart.	
	Financial Statements	r oreign bank and			公基 的
c	At any time during the calendar year, did the organization maintain an office outside of the U	United States?	91 c		X
	If 'Yes,' enter the name of the foreign country				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check	k here	N/	A	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			N/A
BAA			Form	990	(2005)

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Partivik	Allalysis of income-Produc				. 510 510 514	T
Note: Ente otherwise i	r gross amounts unless indicated.	(A) Business code	d business income (B) Amount	(C) Excluded by sec	tion 512, 513, or 514 (D) Amount	(E) Related or exempt function income
	gram service revenue: E STATEMENT 6					211,080.
						ļ
				 	 	
				 		
f Med	dicare/Medicaid payments					
	& contracts from government agencies					
-	mbership dues and assessments					
95 Inter	rest on savings & temporary cash invmnts.					
96 Divi	idends & interest from securities					
	rental income or (loss) from real estate:				沙漠等	
	t-financed property					
	debt-financed propertyrental income or (loss) from pers prop			-		
	rental income of (1055) from pers prop			 		107.
	n or (loss) from sales of assets					107.
oth	er than inventory					
	income or (loss) from special events					
	s profit or (loss) from sales of inventory					
	· · · · · · · · · · · · · · · · · · ·		《外域》			
b				 		
d					_	
e						
104 Sub	total (add columns (B), (D), and (E))					211,187.
105 Tot	al (add line 104, columns (B), (D),	and (E))			· · · · · · · · · · · · · · · · · · ·	211,187.
	105 plus line 1d, Part I, should equ					
	Relationship of Activities t					
Line No.	Explain how each activity for which of the organization's exempt purp	h income is re	eported in column (E)	of Part VII contrib	uted importantly to the	he accomplishment
*	of the organization's exempt purp	oses (other tr	an by providing funds	Tor Sucri purposes	·)·	
N/A						
ED'art IV	Information Regarding Tax	ahla Suhsi	diaries and Disrec	arded Entities	: (See the instruction	nc \
FEATLINE	(A)	(B)	(C		(D)	
			•	"		(E)
Name,	address, and EIN of corporation, tnership, or disregarded entity	Percentage ownership in	e of Nature of terest	activities	Total income	End-of-year assets
N/A			8			1
			%		- <u> </u>	
			%			
			%			
Part X	Information Regarding Tra	nsfers Ass	ociated with Perso	onal Benefit C	ontracts (See the	
	e organization, during the year, receive any fo		•• • • •	•		Yes X No
	he organization, during the year, pa	<i>></i> 1		n a personal bene	fit contract?	Yes X No
Note: /	f 'Yes' to (b), file Form 8870 and F					
	Under penalties of perjury, I declare that I hat true, correct, and complete. Declaration of pr	ve examined this reparer (other than	eturn, including accompanying officer) is based on all informa	schedules and stateme ation of which preparer	ents, and to the best of my k has any knowledge.	snowledge and belief, it is
Please		T			1	
Sign	Signature of officer				Date	
Here	DONALD FANN, EXECUT	TIVE DIRE	CTOR			
	Type or print name and title.					
Paid	Preparer's Del 3 /	Fall CPA		Date	Check if	Preparer's SSN or PTIN (See General Instruction W)
Pre-	signature DAVID B. HA	LL, CPA		2/24/06	self- employed ►	N/A
parer's	Firm's name (or HALL, DAVIDS	SON & ASS	OC., CPA'S			
Use	yours if self- employed), P.O. BOX 12.	34			EIN ► N/A	
Only	address, and ZIP + 4 MURFREESBORG	O, TN 371	33-1234		Phone no. ► (6:	15) 893-9334
BAA					TEEA0108L 10/18	3/05 Form 990 (2005)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number 58-1882966 THE ARTS CENTER OF CANNON COUNTY, Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (b) Title and average (e) Expense account and other (a) Name and address of each (c) Compensation hours per week devoted to position employee paid more than \$50,000 allowances compensation 0. 0 0 0 Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part IN A (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation 0. Total number of others receiving over

\$50,000 for professional services ▶	0		
Rart II B Compensation of the Five Highest Paid Indep	endent Cont	ractors for Other Service	:s
(List each contractor who performed services other than enter 'None.' See instructions.)	professional ser	vices, whether individuals or fire	ms. If there are none,
(a) Name and address of each independent contractor paid more tha	n \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of other contractors receiving over \$50,000 for other services	0		
BAA For Paperwork Reduction Act Notice, see the Instructions for For	n 990 and Form	990-EZ. Schedule A (Fo	orm 990 or 990-EZ) 200

Sche	dule	A (Form 990 or 990-EZ) 2005 THE ARTS CENTER OF CANNON COUNTY, INC. 58-188296	0		age
	t III	Statements About Activities (See instructions.)		Yes	No
1	Duri	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt of the public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or ir	ncurred in connection with the lobbying activities > \$ N/A st equal amounts on line 38, Part VI-A, or line i of Part VI-B.).			l.
			1 59600	distribution of the state of th	X
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
ā	a Sale	e, exchange, or leasing of property?	2a		Х
i) Len	ding of money or other extension of credit?	2 b		Х
•	: Furi	nishing of goods, services, or facilities?	2c		Х
(d Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	_	X
		nsfer of any part of its income or assets?	2 e		X
3	a Do :	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an	3a	İ	x
	exp	lanation of how you determine that recipients qualify to receive payments.)	3b		X
	r Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3 c		X
4	a Did	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		X
	on h Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
		Reason for Non-Private Foundation Status (See instructions.)			
		nization is not a private foundation because it is: (Please check only ONE applicable box.)	-		
5	orga 	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	H	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	П	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital	's nan	ie, cit	У,
		and state	·		
10		(Also complete the Support Schedule in Part IV-A.)			A)(IV
11	a	An organization that normally receives a substantial part of its support from a governmental unit or from the genera Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	l publi	c.	
11	b 🗌	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, a from activities related to its charitable, etc. functions – subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	of its	suppo	eipts rt
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports or described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) box that describes the type of supporting organization: Type 1 Type 2 Type 3	ganiza (2). Cl	tions neck t	he
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)		ine nu m abo	
_14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			
BA	A	TEEA0402L 08/09/05 Schedule A (Form 990 or F	orm 9	90-EZ) 200

0 - 1	alula A XE a usa 000 au 000 EZN 2000		JTED OF CANNON	COUNTY THE	E010020 <i>C</i>	6 Dans 1
	dule A (Form 990 or 990-EZ) 200		NTER OF CANNON		58-188296	
	You may use the worksheet in the					nung.
Cale	ndar year (or fiscal year	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	97,219.	123,735.	135,996.	126,352.	483,302.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	97,258.	115,546.	214,062.	210,378.	637,244.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	368.	435.	2,659.	2,972.	6,434.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	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					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23	Total of lines 15 through 22	194,845.	239,716.	352,717.	339,702.	1,126,980.
24	Line 23 minus line 17		124,170.	138,655.	129,324.	489,736.
_25	Enter 1% of line 23		2,397.	3,527.	3,397.	
	Organizations described on line Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount contril for 2001 through 2004 exceed amounts	ed the amount shown in line	than a governmental unit o 26a. Do not file this list v	r publicly with your 26 b	
	: Total support for section 509(a)(1) test: Enter line 24, o	column (e)		▶ 26c	
	Add: Amounts from column (e) f	for lines: 18 22	1	9 26 b		
	Public support (line 26c minus li					%
	Public support percentage (line Organizations described on line		ed by line 26C (denom	inator))	201	
- 7	a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	5, 16, and 17 that were eived in each year from	, each 'disqualified pe	rson.' Do not file this	list with your return	. Enter the sum of
=	bFor any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference bedifferences (the excess amounts)	17 that was received fint received for each ye nizations described in libetween the amount recent year:	rom each person (othe ar, that was more thar nes 5 through 11b, as ceived and the larger a	er than 'disqualified pen in the larger of (1) the well as individuals.) amount described in (ersons'), prepare a li amount on line 25 fo Do not file this list w 1) or (2), enter the su	st for your records or the year or (2) ith your return. um of these
	(2004)	(2003)	U(2002)		(2001)	0.
((2004) 0. c Add: Amounts from column (e)	for lines: 15	483,302.	21		1 120 546
	1	037,244. 20	d line 27b total		0. 27d	1,120,346.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

e Public support (line 27c total minus line 27d total).....

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... ▶ 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....

99.43

27 e

27 g

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.... 29 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.... 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.... 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... 32 c d Copies of all material used by the organization or on its behalf to solicit contributions?..... 32dIf you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?..... 33 a 33b b Admissions policies?.... c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance?..... 33 d 33 e 33 f q Athletic programs?..... h Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency?..... 34 a b Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....

Part VI A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

				N/A
Chec	ck ► a lif the organization belongs to an affiliated group. Check ► b lif you	ı check	ked 'a' and 'limited cont	rol' provisions apply.
	Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing
		7	 	organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)			
37	Total lobbying expenditures to influence a legislative body (direct lobbying)			
38	Total lobbying expenditures (add lines 36 and 37)	. 38		
39	Other exempt purpose expenditures	. 39		
40	Total exempt purpose expenditures (add lines 38 and 39)	. 40		
41	Lobbying nontaxable amount. Enter the amount from the following table -	1	经过于1000	
	If the amount on line 40 is — The lobbying nontaxable amount is —			
	Not over \$500,000	4.		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	41	San Maria Control of the Control of	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	1463		
	Over \$17,000,000. \$1,000,000.			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	·		
	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	·		
44	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	120.20	1.513 E. (E. S. S. S. S. S. S. S. S. S. S. S. S. S.	ne is blocker in the
	Caution. If there is an amount on entire inte 40 of the 44, you must me form 4720.	是相對於	Lander with the many and the safety of the	されるようになる。 とうなまではずます

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

			Lobbying Expend	ditures During 4 -Year	Averaging Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount			!		
46	Lobbying ceiling amount (150% of line 45(e))			10年,10年,10年,10年,10年,10年,10年,10年,10年,10年,		
47	Total lobbying expenditures					
48	Grassroots non- taxable amount					
49	Grassroots ceiling amount (150% of line 48(e))	TOTAL PROPERTY OF THE PARTY OF			Type of the second	
50	Grassroots lobbying expenditures					

Part VI-B	Lobbying Activit	ity by Nonelecting Public Charities by organizations that did not complete Part VI-A) (See i	
	(For reporting only b	by organizations that did not complete Part VI-A) (See i	instructions.)

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a Volunteers...

b Paid staff or management (Include compensation in expenses reported on lines c through h.)...

c Media advertisements...

d Mailings to members, legislators, or the public...

e Publications, or published or broadcast statements...

f Grants to other organizations for lobbying purposes...

g Direct contact with legislators, their staffs, government officials, or a legislative body...

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means...

i Total lobbying expenditures (add lines c through h.)...

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2005

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization Code (other than section	directly or in	idirectly engage in any of the followi	ng with any other organization describe	d in secti	on 50	1(c)
a Transf	ers from the reporting of	rganization t	o a noncharitable exempt organizati	on of	ſ	Yes	No
					51 a (i)	165	X
(ii)Ot	her assets				a (ii)		$\frac{\Lambda}{X}$
					_ a (11)	-	
		ets with a no	oncharitable exempt organization		b (i)		Х
	b (ii)		$\frac{\Lambda}{X}$				
					b (iii)		X
						+	$\frac{\hat{X}}{X}$
	-			1	b (iv) b (v)		X
					b (vi)		X
				<u> </u>	C (VI)		$\frac{\Lambda}{X}$
d If the a	N/A 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule: (a) Name of organization Type of organization Description of relations			arket valu	ie of		
the go	ods, other assets, or ser	vices given	by the reporting organization. If the	organization received less than fair mar	ket value	in	
		ingernerit, si			·		
Line no.		Name of i	noncharitable exempt organization	Description of transfers, transactions, and s	haring arrar	ngement	s
NJ/Z							
14/17							
							
							
52 a Is the	organization directly or i	indirectly affi	liated with, or related to, one or mor	e tax-exempt organizations		<u></u>	
describ	ped in section 501(c) of	the Code (ot	ther than section 501(c)(3)) or in sec	tion 527?	Yes	s X	No
b If 'Yes	,' complete the following	schedule:					
	(a)		(b)	(c)	chin		
	Name or organization		Type of organization	Description of relations			
N/A							
							
					·		
					. .		
				<u> </u>			
BAA				Schedule A (Form	990 or 99	90-EZ)	2005

2005. IFIDEVAL STATEMENTS PACE CHERT ARTISENTE THE ARTISE GENTER OF CANNON GOUNTY, INC. 55: 6552 2/24/06 STATEMENT 1 FORM 990, PART I, LINE 7 OTHER INVESTMENT INCOME

107.

107.

TOTAL \$

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

INTEREST-CHECKING & CD'S.....

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	<u>FUNDRAISING</u>
EVENT EXPENSES	58,272.	58,272.		
GIFT SHOP MDSE & COMM	12,722.	12,722.		
GIFT SHOP & GALLERY EXP	3,146.	3,146.		
CONCESSION EXPENSES	1,385.	1,385.		
CLASSES	14,406.	14,406.		
ADVERTISING	320.	288.	32.	
BANK CARD FEES & S/C	3,404.	3,064.	340.	
MISCELLANEOUS	3,575.	3,218.	357.	
SALES TAX (GIFT SHOP)	1,452.	1,452.		
SECURITY	324.		32.	
SHOP SUPPLIES	1,611.	1,611.		
MUSEUM EXPENSE	306.			
MAINTENANCE & REPAIRS	4,470.	4,023.	447.	
UTILITIES & PHONE	21,715.	19,544.	2,171.	
ARCHIVE	851.	766.	85.	
INSURANCE - GENERAL	6,488.	5,839.	649.	
CONTRACT EXPENSES	465.	465.		
PUBLISHING	7,927.	7,927.		
	TOTAL \$ 142,839.	\$ 138,726.	\$ 4,113.	\$ 0.

STATEMENT 3 FORM 990, 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 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	 BASIS	 ACCUM. DEPREC.	 BOOK VALUE
FURNITURE AND FIXTURES BUILDINGS IMPROVEMENTS	\$ 191,686. 454,530. 108,271.	\$ 98,216. 126,051. 24,288.	\$ 93,470. 328,479. 83,983.

以表示的主义,对于"自然"的,但是是"一个"。	Hadarar cannongoung inc	:/A\@1
STATEMENT 4 (CONTINUED) FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT CATEGORY	ACCUM. BOOK BASIS DEPREC. VALU	ζ Ε
LAND	TOTAL \$ 50,373. \$ 50 \$ 556	,373. ,305.
STATEMENT 5 FORM 990, PART IV, LINE 65 OTHER LIABILITIES SALES TAX PAYABLEACCRUED INTEREST PAYABLE	\$ TOTAL \$1	769. 405. ,174.
STATEMENT 6 FORM 990, PART VII, LINE 93 PROGRAM SERVICE REVENUE		
PROGRAM SERVICE REVENUE	(A) (B) (C) (D) (E BUSI- UNRELATED EXCLU- RELATE NESS BUSINESS SION EXCLUDED EXEM CODE AMOUNT CODE AMOUNT FUNCT	ED OR MPT
EVENTS FUND RAISERS GIFT SHOP & GALLERY SALES OTHER SALES CONCESSIONS CLASSES	18	1,697. 8,360. 2,442. 6,325.
RENTALS MISCELLANEOUS MURFREESBORO CITY SCHOOLS TOTAL	3	4,756. 7,500. 1,080.

2005 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

CLIENT ARTCENTR

NO	DESCRIPTION	DATE ACQUIRED_	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW_	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIEE	_RATE	CURRENT DEPR
ORM 1120												1				
BUILDINGS																
1 BUILDIN	lG	7/01/91		256,020							256,020	86,411	S/L	40		6,4
2 BUILDIN	IG ADDITION	7/01/96		81,604							81,604	17,340	S/L	4()		2,0
3 BUILDIN	IG ADDITION	7/01/97		35,231							35,231	6,607	S/L	4()		8
4 BUILDIN	IG ADDITION	7/01/98		10,384							10,384	1,690	S/L	40		2
37 BUILDIN	IG ADDITION	7/01/99		14,039							14,039	1,755	S/L	40		3
38 BUILDIN	IG ADDITION	1/01/00		10,181							10,181	1,275	S/L	40		2
74 BUILDIN	NG IMPROVEMENTS	7/01/05	_	47,072							47,072		S/L HY	25	.02000	
TOTAL	BUILDINGS			454,531		0	0	() 0	0	454,531	115,078				10,
IMPROVEME	ENTS															
5 PAVING		7/01/93		26,917							26,917	20,633	S/L	15		1,7
39 SIDEWA	LK	4/17/00		1,386							1,386	414	S/L HY	15	.06670	
40 LANDSO	APING	5/23/00		1,000							1,000	301	S/L HY	15	.06670	
75 WATER	& SEWER LINES	7/01/05	_	78,967							78,967		S/L MM	39	.01177	··············
TOTAL	IMPROVEMENTS			108,270		0	0	() 0	0	108,270	21,348				2,9
MACHINERY	' AND EQUIPMENT															
6 COMPU	TER	7/01/91		2,456							2,456	2,456	S/L	5		
7 STAGE I	LIGHTING	7/01/91		8,916							8,916	6,020	S/L	20		ı
8 CHAIRS	- STAGE	7/01/91		12,825							12,825	8,655	S/L	20		(
9 EQUIPM	ENT	7/01/97		2,247							2,247	2,247	S/L	10		
10 EQUIPM	CNIT	7/01/92		263							263	263	S/L	10		

2005 FEDERAL DEPRECIATION SCHEDULE

PAGE 2

CLIENT ARTCENTR

					CUR	SPECIAL	PRIOR 179/	PRIOR	SALVAG		I				
NO	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	179 _BONUS_	SPECIAL DEPR. ALLOW	BONUS/ _SP_DEPR_	DEC. BAL DEPR	/BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD_	LIEE	_RATE	CURRENT DEPR.
11	KILN	7/01/93	1,242							1,242	1,242	S/L	10		0
12	BASKETS	7/01/93	625							625	625	S/L	10		0
13	EQUIPMENT	7/01/94	557							557	557	S/L	10		0
14	SIGN	7/01/95	39,448							39,448	14,991	S/L	25		1,578
15	SOUND SYSTEM	7/01/95	10,580							10,580	10,051	S/L	10		529
16	PHONE SYSTEM	7/01/95	2,568							2,568	2,441	S/L	10		127
17	CAMERA	7/01/96	451							451	381	S/L	10		45
18	EQUIPMENT	7/01/96	277							277	239	S/L	10		28
19	COMPUTER	7/01/97	2,590							2,590	2,590	S/L	. 5		0
20	EQUIPMENT	7/01/97	524							524	390	S/L	10		52
21	TAPESTRY	7/01/97	3,500							3,500	1,313	S/L	20		175
22	SHELVING	7/01/98	180							180	117	S/L HY	10	.10000	18
23	SCULPTURES	7/01/98	500							500	325	S/L HY		.10000	50
24	FOUNTAIN	7/01/98	375							375	247	S/L HY		.10000	38
25	LIGHTING	7/01/98	466							466	305	S/L HY		.10000	47
26	COPIER	7/01/98	590							590	590	S/L HY	5		0
27	LIGHTING	7/01/98	383							383	247	S/L HY	10	.10000	38
28	COMPUTER UPGRADES	7/01/98	994							994	994	S/L HY	5		0 -
29	20 TABLES	7/01/98	800							800	520	S/L HY	10	.10000	80
30	MISC KITCHEN EQUIPMENT	7/01/99	2,834							2,834	1,557	S/L HY	10	.10000	283
31	STOVE	7/01/99	1,000							1,000	550	S/L HY	10	.10000	100
32	ICE MACHINE	7/01/99	900							900	495	S/L HY	10	.10000	90 (
33	DIMMER	7/01/99	800							800	440	S/L HY		.10000	. 80
34	DISH WASHER	7/01/99	2,500							2,500	1,375	S/L HY	10	.10000	250
35	SHOP VACUUM	7/01/99	191							191	105	S/L HY	10	.10000	19
36	LASER PRINTER	7/01/99	260							260	260	S/L HY	5		0
41	RANGE HOOD	7/01/00	4,367							4,367	1,966	S/L HY	10	.10000	437

2005 FEDERAL DEPRECIATION SCHEDULE

PAGE 3

CLIENT ARTCENTR

_NO	DESCRIPTION	DATE ACQUIRED	DATE COST/	BUS.	CUR 179 _BONUS_	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHO)D	LIFE.	_RATE	CURRENT DEPR
42	PIANO DOLLY	7/01/00	450							450	203	S/L		10	.10000	45
1	FOLDER	7/01/00	1,132							1,132	509	S/L		10	.10000	113
	COMPUTER	7/01/00	719							719	648	S/L	НΥ	5	.10000	71
45	COMPUTER	7/01/00	1,249							1,249	1,125	S/L	НҮ	5	.10000	124
46	TABLES	7/01/00	700							700	315	S/L	НΥ	10	.10000	70
47	GENIE LIFT	7/01/00	2,000							2,000	900	S/L	НҮ	10	.10000	200
48	PAINT MIXER	7/01/00	700							700	315	S/L	НҮ	10	.10000	70
49	FREEZER	7/01/00	225							225	103	S/L	НҮ	10	.10000	23
50	OFFICE EQUIPMENT	7/01/00	600							600	270	S/L	НΥ	10	.10000	60
51	STATUE	7/01/00	500							500	225	S/L	НҮ	10	.10000	50
52	PRINTER	1/01/01	380							380	266	S/L	ΗY	5	.20000	76
53	PIANO	1/31/01	8,000							8,000	2,800	S/L	HY	10	.10000	800
54	FAX	4/30/01	350							350	245	S/L	HY	5	.20000	70
55	LIGHT BOOTH	5/31/01	420							420	147	S/L	HY	10	.10000	42
56	PIANO BOX	8/31/01	251							251	88	S/L	HY	10	.10000	25
57	COMPUTER & MISC EQUIP.	7/31/01	1,090							1,090	763	S/L	HY	5	.20000	218
58	20-TON AIR CONDITIONER	10/31/01	15,200							15,200	5,320	S/L	HY	10	.10000	1,520
59	COMPUTER UPGRADES	7/01/02	922							922	460	S/L	HY	5	.20000	184
60	TELEPHONE SYSTEM	7/01/02	5,075							5,075	1,270	S/L	HY	10	.10000	508
61	DIGITAL CAMERA	7/01/02	330							330	165	S/L	HY	5	.20000	66
62	SOUND SYSTEM	7/01/02	4,179							4,179	1,045	S/L	HY	10	.10000	418
63	GALLERY TILE & CARPET	7/01/02	813							813	204	S/L	HY	10	.10000	81
64	SIGN	7/01/02	1,200							1,200	300	S/L	HY	10	.10000	120
65	FOLDING CHAIRS	7/01/02	1,530							1,530	383	S/L	HY	10	.10000	153
66	6 TABLES	7/01/02	811							811	203	S/L	HY	10	.10000	81
67	LIGHT BOARD, MONITOR, ETC	7/01/03	4,809							4,809	721	S/L	HY	10	.10000	481
68	COMPUTER	7/01/03	848							848	255	S/L	ΗY	5	.20000	170

2005 FEDERAL DEPRECIATION SCHEDULE

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CLIENT ARTCENTR

NO	DESCRIPTION	DATE ACQUIRED	COST/ BASIS	BUS. PCT_	CUR 179 BONUS .	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALVAG /BASIS _REDUCT_	DEPR. BASIS	PRIOR DEPR	MEIJ	10D_	LIEE	_RATE	CURRENT DFPR
69	COMPUTER	7/01/03	849							849	2	55 S/L	. HY	5	.20000	170
70	SOUND EQUIPMENT	7/01/03	1,574							1,574	23	36 S/I	. НҮ	10	.10000	157
71	SOUND EQUIPMENT	7/01/04	5,898							5,898	25	95 S/I	. HY	10	.10000	590
72	COMPUTER EQUIPMENT	7/01/04	584							584	:	58 S/I	. HY	5	.20000	117
73	LIGHTING EQUIPMENT	7/01/04	545							545	:	27 S/I	. HY	10	.10000	55
76	EQUIPMENT	7/01/04	1,814							1,814	18	30 S/L	. HY	10	.10000	181
77	COPIER	7/01/05	521							521		S/I	. HY	5	.10000	52
78	5 COMPUTERS	7/01/05	1,821							1,821		S/l	. НҮ	5	.10000	182
79	HAND RAILS	7/01/05	3,868							3,868		S/I	. HY	10	.05000	193
80	CHAIR BOTTOMS	7/01/05	5,575							5,575		S/l	. HY	10	.05000	279
81	ELECTRICAL EQUIPMENT	7/01/05	7,945							7,945		\$/I 	. HY	10	.05000	397
	TOTAL MACHINERY AND EQUIPME		 191,686		0	0) () 0	0	191,686	84,8	53				13,363
	TOTAL DEPRECIATION		 754,487		0	0) ()0	0	754,487	221,2	- 79				27,276
	GRAND TOTAL DEPRECIATION		 754,487		0	0)()0	0	754,487	221,2	79				27,276