

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)

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

2005

Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning 7/1/2005, and ending 6/30/2006

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

Number and street (or P O box if mail is not delivered to street address) Room/suite

30 BRINKERHOFF STREET

City or town

State or country

ZIP + 4

PLATTSBURGH

NY

12901

D Employer identification number

14-1825779

E Telephone number

518-563-1604

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ N/A

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000 The
organization need not file a return with the IRS, but if the organization chooses to file a return, be
sure to file a complete return Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 362,801

M Check ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

SCANNED JAN 23 2007
Revenue

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support 1a 168,546

b Indirect public support 1b 0

c Government contributions (grants) 1c 103,250

d Total (add lines 1a through 1c) (cash \$ 271,796 noncash \$ 0) 1d 271,796

2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 19,295

3 Membership dues and assessments 3 23,165

4 Interest on savings and temporary cash investments 4 0

5 Dividends and interest from securities 5 0

6 a Gross rents 6a 1,300

b Less: rental expenses 6b

c Net rental income or (loss) (subtract line 6b from line 6a) 6c 1,300

7 Other investment income (describe ▶) 7 0

8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other 8a 0

b Less: cost or other basis and sales expenses 8b 0

c Gain or (loss) (attach schedule) 8c 0

d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 0

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ 0 of contributions reported on line 1a) 9a 38,647

b Less: direct expenses other than fundraising expenses 9b 14,306

c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 24,341

10 a Gross sales of inventory, less returns and allowances 10a 7,884

b Less: cost of goods sold 10b 5,568

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 2,316

11 Other revenue (from Part VII, line 103) 11 714

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 342,927

13 Program services (from line 44, column (B)) 13 167,953

14 Management and general (from line 44, column (C)) 14 41,494

15 Fundraising (from line 44, column (D)) 15 0

16 Payments to affiliates (attach schedule) 16 0

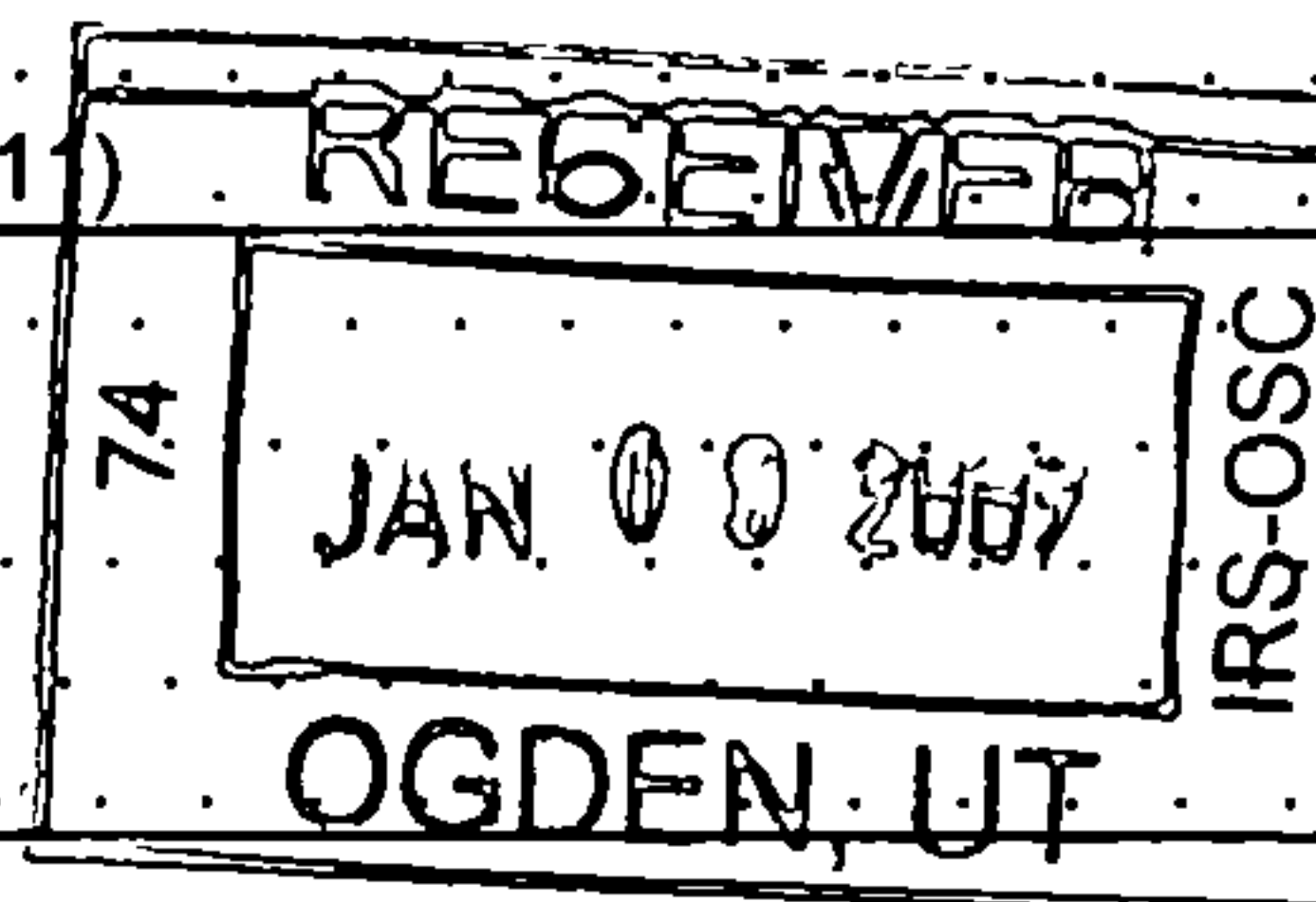
17 Total expenses (add lines 16 and 44, column (A)) 17 209,447

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 133,480

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 383,571

20 Other changes in net assets or fund balances (attach explanation) 20 0

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 517,051



Part II 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 (See the instructions.)

Do 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 (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc	25 23,700	17,775	5,925	
26	Other salaries and wages	26 34,963	26,222	8,741	
27	Pension plan contributions	27 0			
28	Other employee benefits	28 0			
29	Payroll taxes	29 6,845	5,134	1,711	
30	Professional fundraising fees	30 0			
31	Accounting fees	31 2,385		2,385	
32	Legal fees	32 1,296		1,296	
33	Supplies	33 5,903	4,428	1,475	
34	Telephone	34 3,006	2,255	751	
35	Postage and shipping	35 4,326	1,724	2,602	
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 5,764	4,323	1,441	
38	Printing and publications	38 1,166	875	291	
39	Travel	39 2,871	2,153	718	
40	Conferences, conventions, and meetings	40 911	911		
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 2,491	1,868	623	
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 113,820	100,285	13,535	0
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 209,447	167,953	41,494	0

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III **Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO PROMOTE THE ARTS AND ARTISTS IN THE COMMUNITY All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a TO PROMOTE THE ARTS AND ARTISTS IN THE LOCAL AREA BY PROVIDING PROGRAMS FOR ALL TYPE OF ART THROUGH SHOWINGS, PERFORMANCES AND CLASSES/WORKSHOPS FOR THE GENERAL PUBLIC (Grants and allocations \$) If this amount includes foreign grants, check here ☐	167,953
b (Grants and allocations \$) If this amount includes foreign grants, check here ☐	
c (Grants and allocations \$) If this amount includes foreign grants, check here ☐	
d (Grants and allocations \$) If this amount includes foreign grants, check here ☐	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	167,953

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	57,170	45	107,615
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 500		
	b Less: allowance for doubtful accounts	47b 0	47c	500
	48 a Pledges receivable	48a 96,198		
	b Less: allowance for doubtful accounts	48b 9,000	48c	87,198
	49 Grants receivable	17,348	49	25,600
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	258	53	
	54 Investments—securities (attach schedule)	☐ Cost ☐ FMV 0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 320,075			
b Less: accumulated depreciation (attach schedule)	57b 9,452	57c	310,623	
58 Other assets (describe ☐ DEPOSITS)	371	58	190	
59 Total assets (must equal line 74). Add lines 45 through 58	435,495	59	531,726	
Liabilities	60 Accounts payable and accrued expenses	3,878	60	2,510
	61 Grants payable		61	
	62 Deferred revenue	20,881	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	15,000	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	12,165	64b	12,165
	65 Other liabilities (describe ☐)	0	65	0
66 Total liabilities. Add lines 60 through 65	51,924	66	14,675	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	272,270	67	400,168
	68 Temporarily restricted	111,301	68	116,883
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	383,571	73	517,051
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	435,495	74	531,726

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	342,927
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	342,927
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12). Add lines c and d	e	342,927

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	209,447
b	Amounts included on line a but not on Part I, line 17.		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	209,447
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	209,447

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.)

(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 & deferred compensation plans	(E) Expense account and other allowances
Name SUSAN DAUL Str 30 BRINKERHOFF City PLATTSBURGH ST NY ZIP 12901	Title DIRECTOR Hr/WK 35	23,700	0	0
Name SEE LIST Str ATTACHED City ST ZIP	Title Boardmembers Hr/WK 3	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>NONE</u> Str _____ City _____ ST _____ ZIP _____		0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is ☐ exempt or ☐ nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
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	17,500
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		▶ N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		▶ N/A
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91 a	The books are in care of ▶ Name SYLVIA STACK Telephone no. ▶ 518-563-1604 Located at ▶ 30 BRINKERHOFF ST. City PLATTSBURGH ST NY ZIP + 4 ▶ 12901		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM/WORKSHOP FEES					15,711
b ADVERTISING FEES					3,584
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					23,165
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	1,300	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			02	24,341	
102 Gross profit or (loss) from sales of inventory					2,316
103 Other revenue: a MISCELLANEOUS			01	714	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		26,355	44,776
105 Total (add line 104, columns (B), (D), and (E))					71,131

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	CONCERTS AND ART WORKSHOPS PROVIDE THE GENERAL PUBLIC THE OPPORTUNITY TO EXPERIENCE AND PARTICIPATE IN THE ARTS. AN EXEMPT FUNCTION.
93B	HELPS TO PROMOTE AREA ART AND INFORM THE GENERAL PUBLIC ON LOCAL ART EVENTS.
94	MEMBERS RECEIVE NEWSLETTERS AND PROMOTION ON LOCAL ARTISTS AND ART EVENTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

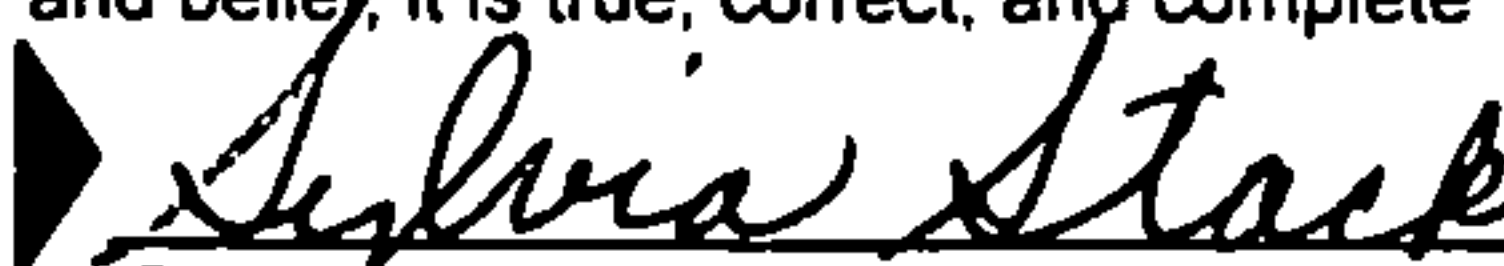
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>12/2/06</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature		Date <u>12/11/2006</u>	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>KEITH FRANTZ CPA</u> <u>22 US OVAL SUITE 119, PLATTSBURGH, NY 12903</u>		Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00507363</u>	EIN <u>14-1679628</u> Phone no <u>518-561-3404</u>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

Employer identification number

14-1825779

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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
NONE		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** ☐ 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 name, city, and state ► City ST Country
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11 a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	372,385	77,244	N/A	N/A	449,629
16 Membership fees received	16,610				16,610
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	67,790				67,790
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	20,202				20,202
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.	514	0	0	0	514
23 Total of lines 15 through 22	477,501	77,244	0	0	554,745
24 Line 23 minus line 17	409,711	77,244	0	0	486,955
25 Enter 1% of line 23	4,775	772	0	0	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 9,739
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 486,955
d Add Amounts from column (e) for lines	18 20,202	19 0			26d 20,716
	22 514	26b 0			26e 466,239
e Public support (line 26c minus line 26d total)					26f 95.75%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2004)	(2003)	(2002)	(2001)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2004)	(2003)	(2002)	(2001)		
c Add Amounts from column (e) for lines.	15 0	16 0			27c 0
	17 0	20 0	21 0	27d 0	
d Add Line 27a total	0	and line 27b total	0	27e 0	
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 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.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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	
30 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	
31 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
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?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group Check ☐ **b** ☐ if you checked "a" and "limited control" 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 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)	0	0												
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0												
41	Lobbying nontaxable amount Enter the amount from the following table—														
	<table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	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	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	0	0
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
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	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0												

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

Line 1 (990) - Public Support and Contributions

		Cash	Non Cash
Line 1a - Direct public support			
1	Contributions	168,546	1
2	Membership dues and assessments (contributions from the public)		2
3	Commercial co-venture		3
4	Special events contributions (Line 9 - Special Events)	0	4
5			5
6			6
7			7
8			8
9			9
10	Total	168,546	10 0
Line 1b - Indirect public support			
Line 1c - Government contributions (grants)			
		103,250	

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	ARMS & LEGS AUCTION	STARS FOR THE STRAND	MURDER MYSTERY	VARIOUS	
1a Number of special events	1	1	1		
2 Gross receipts	11,715	11,622	5,060	10,250	2 38,647
3 Less contributions					3 0
4 Gross revenue	11,715	11,622	5,060	10,250	4 38,647
5 Less direct expenses	2,579	3,531	3,207	4,989	5 14,306
6 Net income or (loss)	9,136	8,091	1,853	5,261	6 24,341

Line 43 (990) - Other Deductions

113,820100,28513,5350

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	CONSULTANT FEES	600		600	
2	UTILITIES	16,111	12,083	4,028	
3	REAL ESTATE TAXES	10,039	7,529	2,510	
4	BUILDING REPAIRS AND MAITENANCE	3,444	3,444		
5	ADVERTISING	5,009	5,009		
6	INSURANCES	5,167	3,875	1,292	
7	GRANT/PROGRAM EXPENSES	8,898	8,898		
8	DEC REGRANTS	42,926	42,926		
9	WORKSHOP EXPENSES	14,408	14,408		
10	OTHER	2,818	2,113	705	
11	UNCOLLECTABLE PLEDGE EXPENSE	4,400		4,400	
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 47 (990) - Accounts receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	ACCOUNTS RECEIVABLE	0		500			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total accounts receivable	0		500	0		0

Line 48 (990) - Pledges receivable

		Pledges receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	STRAND PLEDGES	131,633		96,198	6,600		9,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total pledges receivable	131,633		96,198	6,600		9,000

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)		
		Beginning		End
1				
2				
3				
4				
5				
6	Total land (net of any amortization)	0		0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	STRAND THEATER	225,578	302,315	0	0
8					
9	FURNITURE AND EQUIPMENT	16,698	17,760	6,961	9,452
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	242,276	320,075	6,961	9,452
18	Buildings and equipment (less accumulated depreciation)			235,315	310,623
19	Total land, buildings and equipment			235,315	310,623

Category or Item		Cost/Other Basis		Accumulated Depreciation		Book Value	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total	0		0		0	

Line 58 (990) - Other assets

		371	190
		Beginning	End
1	DEPOSITS	371	190
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 63 (990) - Loans from officers, directors, trustees and key employees

	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year
1	SYLVIA STACK	PRESIDENT	40,000	15,000	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		40,000	15,000	0

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description and fair market value of consideration
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

Line 64b (990) - Mortgages and other notes payable

Lender's name		Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	LUIS CARRASCO	☐	12,165	12,165	12,165
19	Totals	19	12,165	12,165	12,165

Line 22 (Sch A (990/990-EZ)) - Other Income

Description		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1	OTHER	514				514
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		514	0	0	0	514

Form 4562 Statement - 990

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

14-1825779

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
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Depreciation Detail

MACRS deductions for prior years (Line 17)

1	Furniture/Equipment	1/1/2002	F-11	100 00%	16,698	0	0	16,698	7	SL/GDS	HY	6,961	2,385	9,346
Total MACRS deductions for prior years (Line 17)					16,698	0	0	16,698				6,961	2,385	9,346

GDS 5-year property (Line 19b)

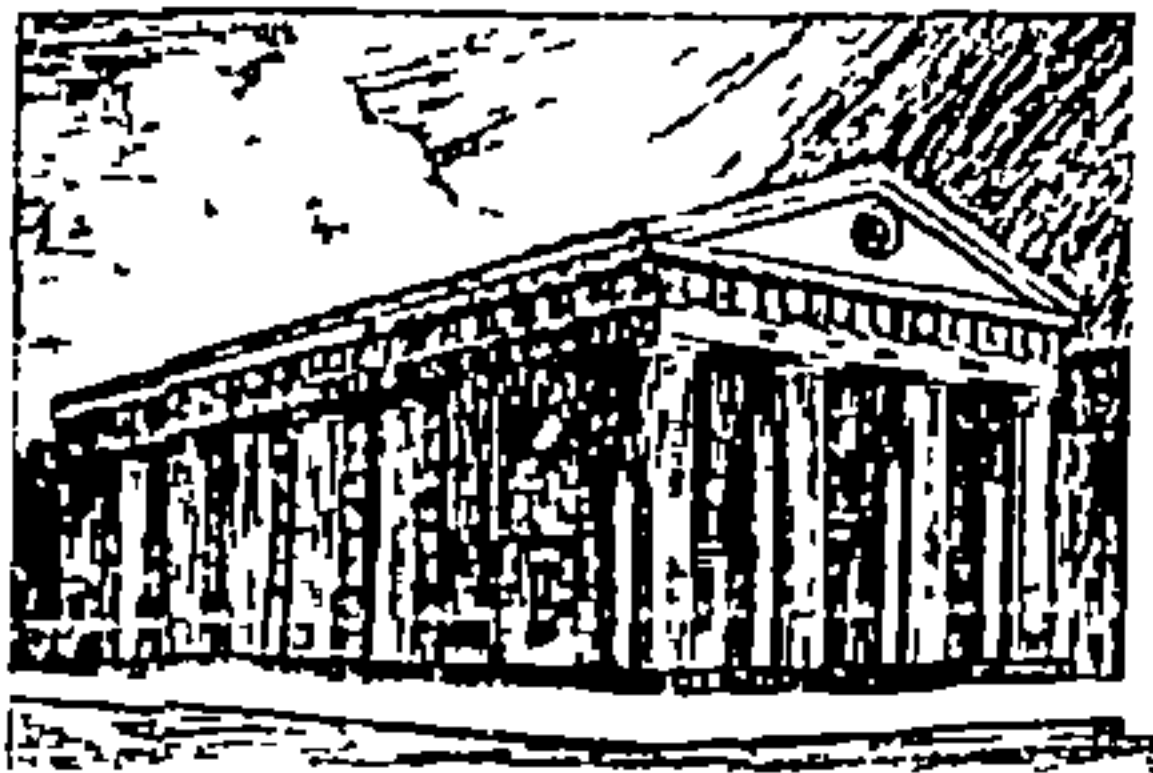
2	Dell Computers	8/25/2005	F-5	100 00%	1,062		0	1,062	5	SL/GDS	HY	0	106	106
Total GDS 5-year property (Line 19b)					1,062	0	0	1,062				0	106	106

Subtotal

					17,760	0	0	17,760				6,961	2,491	9,452
					17,760	0	0	17,760				6,961	2,491	9,452

Form 4562 Reconciliation

Annual depreciation and amortization	2,491
Special allowance except listed property (Line 14)	0
Listed property special allowance (Line 25)	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
Form 4562 , Line 22	2,491



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