

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>				
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width:60%;"> C Name of organization <u>NORTH COUNTRY CULTURAL CENTER FOR THE ARTS</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>30 BRINKERHOFF STREET</u> City, town, or country State ZIP + 4 <u>PLATTSBURGH NY 12901</u> </td> <td style="width:20%;"> D Employer identification number <u>14-1825779</u> E Telephone number <u>518-563-1604</u> F Group Exemption Number ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>NORTH COUNTRY CULTURAL CENTER FOR THE ARTS</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>30 BRINKERHOFF STREET</u> City, town, or country State ZIP + 4 <u>PLATTSBURGH NY 12901</u>	D Employer identification number <u>14-1825779</u> E Telephone number <u>518-563-1604</u> F Group Exemption Number ▶
Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>NORTH COUNTRY CULTURAL CENTER FOR THE ARTS</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>30 BRINKERHOFF STREET</u> City, town, or country State ZIP + 4 <u>PLATTSBURGH NY 12901</u>	D Employer identification number <u>14-1825779</u> E Telephone number <u>518-563-1604</u> F Group Exemption Number ▶		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				
I Website: ▶ <u>www.plattsburgharts.org</u>				
J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <u>539,257</u>				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 458,186
	2 Program service revenue including government fees and contracts	2 34,478
	3 Membership dues and assessments	3
	4 Investment income	4 0
	5a Gross amount from sale of assets other than inventory	5a 0
	b Less cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c 0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐	
	a Gross revenue (not including \$ <u>6,250</u> of contributions reported on line 1)	6a 44,164
b Less direct expenses other than fundraising expenses	6b 13,597	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 30,567	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8 Other revenue (describe ▶ <u>See attached statement</u>)	8 2,429	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 525,660	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 0
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 83,618
	13 Professional fees and other payments to independent contractors	13 3,860
	14 Occupancy, rent, utilities, and maintenance	14 41,830
	15 Printing, publications, postage, and shipping	15 2,953
	16 Other expenses (describe ▶ <u>See attached statement</u>)	16 175,350
	17 Total expenses. Add lines 10 through 16	17 307,611
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 218,049	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 737,012
	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 through 20	21 955,061

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,344	24,533
23	Land and buildings	730,971	752,366
24	Other assets (describe ▶ <u>See attached statement</u>)	75,681	213,628
25	Total assets	841,996	990,527
26	Total liabilities (describe ▶ <u>See attached statement</u>)	104,984	35,466
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	737,012	955,061

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.
(HTA)Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose? Promote the arts and artists in the local community
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	To promote the arts and artists in the local area by providing programs for all types of art through showings, performances, and classes/workshops for the general public		
	(Grants \$ <u>53,200</u>) If this amount includes foreign grants, check here ☐	28a	243,242
29			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	29a	0
30			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (attach schedule)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	243,242

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances
Name <u>Ita Bullard</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Debra Donahue</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Judy Guglielmo</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Mary Homer</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ron Marino</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Mark McCullough</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Justin Meyer</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Shirley O'Connell</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Alice Schonbek</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Eric Trotman</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>PJ Whitbeck</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Trustee</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jay Corell</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Treasurer</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Brian Power</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Secretary</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jerry Bates</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Vice President</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>4 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Leigh Mundy</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>President</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>4 00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Susan Daul</u>	Str <u>30 Brinkerhoff Street</u>		Title <u>Exec Director</u>			
City <u>Plattsburgh</u>	ST <u>NY</u> ZIP <u>12901</u>		Hr/WK <u>35 00</u>	<u>28,500</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str		Title			
City	ST	ZIP	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	4,616
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 , section 4955 0		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed		NY
42 a	The books are in care of Name SUSAN DAHL 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country.	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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 _____
Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature Keith Frantz Date 11/21/2009 Check if self-employed ☒ Preparer's Identifying Number (See instructions) P00507363
Firm's name (or yours if self-employed), address, and ZIP +4 Keith Frantz CPA
22 US Oval Suite 119, Plattsburgh, NY 12903 EIN 14-1679628
Phone no 518-561-3404

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

Employer identification number

14-1825779

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	388,995	294,961	257,040	399,979	458,186	1,799,161
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	388,995	294,961	257,040	399,979	458,186	1,799,161
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,799,161

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	388,995	294,961	257,040	399,979	458,186	1,799,161
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,202	1,300	1,600	895	764	24,761
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	514	714	3,384	1,099	1,665	7,376
11 Total support. Add lines 7 through 10						1,831,298
12 Gross receipts from related activities, etc. (see instructions)					12	277,312
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.25%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.35%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

[illegible]

Supplemental Information Regarding Fundraising or Gaming Activities

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

Employer identification number

14-1825779

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☒ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	0	Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				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				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 400 CLUB (event type)	(b) Event #2 JEWELS FOR JULIA (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	20,526	14,345	15,543	50,414
	2 Less Charitable contributions	0	0	6,250	6,250
	3 Gross revenue (line 1 minus line 2)	20,526	14,345	9,293	44,164
Direct Expenses	4 Cash prizes	5,500	0	0	5,500
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	1,177	36	6,884	8,097
	8 Direct expense summary Add lines 4 through 7 in column (d)				(13,597)
	9 Net income summary Combine lines 3 and 8 in column (d)				30,567

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				0

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities <u>NY</u>		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS

Employer identification number

14-1825779

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Leigh Mundy Supplement cash flow	X		4,616	4,616		X	X			X
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total				\$ 4,616						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	28,570
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	22,825
4	Government contributions (grants)	4	400,541
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	6,250
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	458,186

Part I, Line 8 (990-EZ) - Other Revenue

2,429

Description		Amount	
1	RENTS	1	764
2	OTHER	2	1,665
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part I, Line 16 (990-EZ) - Other Expenses

175,350

1	Travel, Meals and Entertainment		
	a Travel	1a	634
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	1,405
6	Equipment rental and maintenance	6	2,603
7	Interest	7	567
8	Supplies	8	3,540
9	Telephone	9	2,279
10	Unrelated business income taxes	10	0
11	Dues and subscriptions	11	480
12	Exhibit expenses	12	1,858
13	Advertising	13	2,920
14	Insurances	14	13,688
15	Grant Expenditures	15	37,958
16	Program expenses	16	13,663
17	Regrants	17	53,200
18	Mayor's cup festival	18	4,500
19	Other	19	1,207
20	Uncollectable Pledge expense	20	15,122
21	Bank fees	21	1,081
22	Organ Restoration expense	22	9,665
23	Payroll taxes	23	8,980
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets		75,681	213,628
	Description	Beginning	End
1	Accounts receivable	122	0
2	Pledges receivable	35,792	13,941
3	Deposits	190	190
4	Grant receivables	39,577	199,497
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

104,984

35,466

Description		Beginning	End
1	Accounts payable	48,083	15,573
2	Sales Tax payable	562	34
3	Payroll taxes payable	2,589	1,540
4	Grant advances	16,250	10,000
5	Loans payable	37,500	8,319
6			
7			
8			
9			
10			

Assets by Classification - 990EZ

6/30/2009 NORTH COUNTRY CULTURAL CENTER FOR THE ARTS 14-1825779

Item No	Description of Property ***** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2008 Deprec	2008 Accum Deprec
5-yr Computers (not listed)															
2	Dell Computers	8/25/2005	F-5	100 00%	1,062	0	0	0	1,062	5	SL/GDS	HY	530	212	742
	Total 5-yr Computers and peripherals (not listed property)				1,062	0	0	0	1,062				530	212	742
7-yr Office furn, fixtures, equip															
1	Furniture/Equipment	1/1/2002	F-11	100 00%	16,698	0	0	0	16,698	7	SL/GDS	HY	14,116	1,193	15,309
	Total 7-yr Office furniture, fixtures and equipment				16,698	0	0	0	16,698				14,116	1,193	15,309
39-yr Nonresidential real estate															
	Strand Theater	7/1/2009	R-5	100 00%	150,097	0	0	0	150,097	40	SL/ADS	MM	0	0	0
	Strand Bld Improveme	7/1/2009	R-5	100 00%	600,560	0	0	0	600,560	40	SL/GDS	MM	0	0	0
	Total 39-yr Nonresidential and commercial real estate				750,657	0	0	0	750,657				0	0	0
SubTotals															
	Less Assets Sold				768,417	0	0	0	768,417				14,646	1,405	16,051
	Ending Totals				(0) (0) (0) (0) (0) (0)								(0) (0) (0)		0
					768,417	0	0	0	768,417				14,646	1,405	16,051