For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2019

DLN: 93493069005481 OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service			► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.				Open to Public Inspection		
A For the 2019 c		ne 2019 c	alendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020						
B Check if applicable: ☐ Address change ☐ Name change		change	C Name of organization PELHAM ART CENTER INC			D Employer i 51-016463	dentification number 30	•	
☐ Initial return		-	Doing business as						
☐ Final return/terminated ☐ Amended return			Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone n	umber		
☐ Application pending			155 ETETH AVENUE				-2525		
			City or town, state or province, country, and ZIP or foreign postal code PELHAM, NY 10803			G Gross receip	ots \$ 492.887		
			F Name and address of principal officer:			Is this a group retur			
			CHARLOTTE MOUQUIN 384 KINGS HIGHWAY			subordinates?	□ _{Yes} 🛂	lΝο	
			VALLEY COTTAGE, NY 10989			Are all subordinates included?	☐ Yes ☐	Ινο	
I Tax-exempt status:			✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527			If "No," attach a list.	. (see instructions)		
J Website:▶ PEL			HAMARTCENTER.ORG		H(c)	Group exemption nu	mber 🕨		
K Form of organization:			☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ Year o			of formation: 1970	f formation: 1970 M State of legal domicile: NY		
P	art I	Sum	mary						
			scribe the organization's mission	or most significant activities:					
ce		TO PROMPT THE ARTS							
Governance	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)								
Ven									
9								21	
								0	
Activities &	1	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)					5		
3	6	6 Total number of volunteers (estimate if necessary)					6	C	
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12				7a		
	b	Net unrel	ated business taxable income fro	om Form 990-T, line 39			7b	C	
σį						Prior Year	Current Year	r	
	1		tions and grants (Part VIII, line 1	•		167,541		54,14	
Ravenue	1	-	am service revenue (Part VIII, line 2g)			250,604	+	21,986	
Expenses	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)			47,355		32,61	
	1	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				130,437 595,937		57,37: 76,110	
	-	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)				393,937	1	0,110	
	1		ts paid to or for members (Part IX, column (A), line 4)					<u>`</u>	
	1	,	other compensation, employee b	5-10)	305,757		31,50		
	1	· ·	onal fundraising fees (Part IX, col	· . · · ·	0	1			
	Ι.		Total fundraising expenses (Part IX, column (D), line 25) ▶76,378						
	1		r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			318,943	28	38,38	
	18	Total exp	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			624,700	56	59,88	
	19	Revenue	nue less expenses. Subtract line 18 from line 12			-28,763	-9	93,769	
Net Assets or Fund Balances					Ве	ginning of Current Year	End of Year		
	20	Total ass	ets (Part X, line 16)			748,852	. 75	55,510	
	1	21 Total liabilities (Part X, line 26)				65,942	: 16	56,369	
Zű	22		s or fund balances. Subtract line	682,910	58	39,14:			
	art II		ature Block	mined this return, including accomp	nanving schod	ules and statements a	and to the best of m		
know	ledge			e. Declaration of preparer (other th					
<u> </u>									
			***** 2021 Signature of officer Date						
Sign		,				bate			
Here	=		OTTE MOUQUIN EXECUTIVE DIRECTO r print name and title	R				—	
		V · · ·	rint/Type preparer's name	Preparer's signature	Date	PTII			
Paid Preparer			, ,, , , , , , , , , , , , , , , , , , ,	1.5	2021-02-		089315		
		er	irm's name LARRY J SHAFFER CP	A			Firm's EIN ► 13-6736803		
		⊢	irm's address ▶ PO BOX 8171 Phon			Phone no. (045) 445	. 0524		
	J .	,		0603		Phone no. (845) 445	-0334		
			WHITE PLAINS, NY						
May t	he II	RS discuss	this return with the preparer she	own above? (see instructions) .			🗹 Yes 🗌 No		

Cat. No. 11282Y

Form **990** (2019)