DLN: 93493020008171

2019

OMB No. 1545-0047

## Form **990**

Department of the Treasury Internal R

## **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.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

		inic scrvice	<u> </u>						
A F	or the	e 2019 c	alendar year, or tax year begin  C Name of organization	ning 07-01-2019 , and ending 0	6-30-2020				
B Check if applicable:			YADKIN ARTS COUNCIL INC			D Employe	r identific	ation number	
☐ Address change ☐ Name change						51-0162	51-0162387		
☐ Initial return			Doing business as						
☐ Final return/terminated									
☐ An	nendec	return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone	number		
□ Ар	plication	on pending	PO BOX 667						
			City or town, state or province, coun	try, and ZIP or foreign postal code					
			YADKINVILLE, NC 27055			<b>G</b> Gross rece	eipts \$ 784	٠,067	
			F Name and address of principal officer:		H(a)	Is this a group retu	ırn for		
			JOHN WILLINGHAM PO BOX 309			subordinates?		□Yes <b>☑</b> No	
			YADKINVILLE, NC 27055		H(b)	Are all subordinate	s	☐ Yes ☐No	
<b>I</b> Tax-exempt status:						included?			
				Insert no.)	I	If "No," attach a list Group exemption r	•	•	
JW	ebsit	:e:▶ YAL	OKINARTS.ORG		"(0)	Group exemption r	iumber •	,	
					I Year	of formation: 1975	M State of	legal domicile: NC	
<b>K</b> Forr	n of or	rganization:	: 🗹 Corporation 🗌 Trust 🔲 Associ	ciation ☐ Other ►		51 TOTHIGGOTI. 1373	• • State of	legal dofficile. Ne	
Pa	art I	Sum	mary						
, ,			•	most significant activities:					
	1 Briefly describe the organization's mission or most significant activities:  THE EXEMPT PURPOSE OF THE YADKIN ARTS COUNCIL, INC IS TO COORDINATE AND DEVELOP THE CULUTURAL RESOURCES IN YAD							RCES IN YADKIN	
e Ce	9	COUNTY I	IN CONNECTION WITH THE ARTS AND TO ENRICH LIVES THROUGH THE ARTS.						
Ē	-								
<b>=</b>	-								
Š	,	Check thi	is box ▶ ☐ if the organization dis	continued its operations or disposed	of more tha	n 25% of its net as:	sets.		
⊶				g body (Part VI, line 1a)			з	25	
<b>20</b> დე	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)	)		4	22	
≘ ≘	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)					5	24	
Activities & Governance	l						6		
	l						7a	136,798	
	l			1 Form 990-T, line 39		• •	7b	130,730	
		Net unie	ated business taxable income from	1 FOITH 990-1, IIIIe 39	<del></del>	D.::			
Ravenue	_				_	Prior Year 449,08		Current Year	
	l		ontributions and grants (Part VIII, line 1h)				38	419,090	
	l	-	service revenue (Part VIII, line 2g)						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )					22		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				<u>.</u>	370,248 364,9		
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12	.)	819,33	36	784,067	
f Expenses	13	Grants ar	s and similar amounts paid (Part IX, column (A), lines 1–3)						
	14	Benefits	s paid to or for members (Part IX, column (A), line 4)					(	
	15	Salaries,	other compensation, employee be	0)	389,54	14	455,508		
	16a	Professio	ional fundraising fees (Part IX, column (A), line 11e)						
	l .		ndraising expenses (Part IX, column (D), line 25) ▶0						
			expenses (Part IX, column (A), lines 11a–11d, 11f–24e)				33	452,184	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				· · · · · · · · · · · · · · · · · · ·		907,692	
	·				-	· · · · · · · · · · · · · · · · · · ·			
	19	Revenue less expenses. Subtract line 18 from line 12				-99,69	_	-123,625	
Net Assets or Fund Balances					Beg	inning of Current Ye	ar	End of Year	
	20	Total ass	ets (Part X, line 16)		<u> </u>	3,146,89	95	3,108,355	
AB B					<u> </u>	8,26	+	93,353	
<u>و</u> قِ			Total liabilities (Part X, line 26)				-	· · · · · · · · · · · · · · · · · · ·	
		2 Net assets or fund balances. Subtract line 21 from line 20					27	3,015,002	
	rt II		ature Block	ned this return, including accompany	vina schedu	les and statements	and to t	he hest of my	
				Declaration of preparer (other than		,		•	
any k	nowle	edge.							
		*****				2021 01 15			
			re of officer 2021-01-15 Date						
Sign Here		',							
пете	•		WILLINGHAM PRESIDENT r print name and title						
		17		Drapararia signatura	I D-+-		TN		
<b>.</b> .			rint/Type preparer's name	Preparer's signature	Date	Check L if Po	IN 00008748		
Paid		-	irm's name Donald & Vinney CDA D		self-employed				
	pare	71	Firm's name ► Donald S Kinney CPA PC Firm'				's EIN ► 26-3516610		
Use Only			Firm's address ► 3732 Vest Mill Rd Phon			Phone no. (336) 76	ne no. (336) 768-8000		
			Winston Salem, NC 27	1032912					
	L	C 1.				1			
√lay t	ne IR	S discuss	this return with the preparer show	n above? (see instructions)			<b>⊻</b> Ye	es ∐No	