

Return of Organization Exempt From Income Tax

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning 7/01/08 and ending 6/30/09

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
UNITED ARTS COUNCIL OF RALEIGH AND WAKE COUNTY INC

Doing Business As
WAKE COUNTY INC

Number and street (or P.O. box, if mail is not delivered to street address)
110 S BLOUNT STREET

City or town, state or country, and ZIP + 4
RALEIGH NC 27601

D Employer identification number
56-0770175

E Telephone number
919-839-1498

G Gross receipts \$ **1,704,402**

F Name and address of principal officer:

J Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.UNITEDARTS.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE 1

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a) **43**

4 Number of independent voting members of the governing body (Part VI, line 1b) **43**

5 Total number of employees (Part V, line 2a) **11**

6 Total number of volunteers (estimate if necessary) **225**

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,239,415	1,414,713
9 Program service revenue (Part VIII, line 2g)	348,443	97,228
10 Investment income (Part VII, column (A), lines 3, 4, and 7d)	18,704	5,715
11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 10c, and 11e)	232,800	186,746
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,839,362	1,704,402
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,048,956	1,056,772
14 Benefits paid to or for members (Part IX, column (A), line 4)	388,041	400,484
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	360,554	402,337
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,797,551	1,859,593
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,811	-155,191
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	1,025,247	819,752
21 Total liabilities (Part X, line 26)	197,804	147,826
22 Net assets or fund balances. Subtract line 21 from line 20	827,443	671,926

Part II Signature Block

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.

Sign Here

Eleanor H. Oakley
Signature of officer
ELEANOR OAKLEY
Type or print name and title

Date **11-16-09**
PRESIDENT & CEO

Paid Preparer's Use Only

Preparer's signature **Deoffrey E Wiggins**
Date **11/16/09**
Preparer's identifying number (see instructions) **340-46-8858**
Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4
**ROMEO, WIGGINS & COMPANY, L.L.P.
110 IOWA LN STE 104
CARY, NC 27511**

EIN **56-1627242**
Phone no. **919-467-2050**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No