

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public

Inspection

A	For the	2011 cale	ndar year, or tax year beginning デレンフ / , 2011, and ending			,20 / 1
В	Check if	applicable.	C Name of organization TALBOT COUNTY ARTS COUNCIL,	٠ عالم		er identification number
	Address		Doing Business As TALBOT COVATY ARTS COVACIL.	INC.	5^2-	- 1532573
	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	θ	E Telephor	ne number
\Box	Initial ret	-	PP DOX 6		410	-310-9812
\exists	Terminal		City or town, state or country, and ZIP + 4		103	, 352
Ħ	Amende		EASTON, MD 21601-8006		G Gross re	
			F Name and address of principal officer (LALD H. ESLLY , KYD			
_	прриоде	non penang	8855 KEMP ROAD, EASTON, MD 21601			cluded? Yes No
$\overline{}$	Tay-aya	mpt status	∑ 501(c)(3)	_		list (see instructions)
<u></u>	Website		WWW. TALBUTANTS - ON 6	H(c) Group	exemption	number ▶ MA
<u> </u>			☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			of legal domicile: MD
_	art I	Summ				
	1		scribe the organization's mission or most significant activities: או אַ פּיק	PPONT	804 E	BATS IN THE BO
		OVATH	MD, BY GRANTING FUNDS TO MITS ON GAN	12-6-710		LIS ACTIVISTAS
Governance		ANTS E	OVETTON, AND INDIVIAM AMPSTS. ALSO	אנט פחל	05 S	IPPONT TO LICAT
Ē			THROUGH ADVACACY PLANNING, COORDINAT			
Ver	2		is box $ ightharpoonup$ if the organization discontinued its operations or disposed of			
ၓ	3		of voting members of the governing body (Part VI, line 1a)		3	14
oğ v	4		of independent voting members of the governing body (Part VI, line 1b)		4	14
Ë	5		and the second of the second o		5	7
Activities &	6		nber of volunteers (estimate if necessary)		6	0
Ř	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
	Ь		ated business taxable income from Form 990-T, line 34		7b	0
_	1	·		Prior Ye	ar	Current Year
ø.	8	Contribut	nons and grants (Part VIII, line 1h)	101,2	.98	103,272
Revenue	9		service revenue (Part VIII, line 2g)	-	0	0
eve	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	•	54	80
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,3	92	183,352
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		889	49,653
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
Ø	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,.	25.5	28,535
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)	,	0	0
ē	b		draising expenses (Part IX, column (D), line 25) ▶			
ũ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 114-24e)	5,6	y 3	6,289
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, & Turn (A), line 25)	97,5	0	104,477
	19	Revenue	less expenses. Subtract line 18 from line 12	- 3,8	22	1,125
Net Assets or Fund Balances			1-X1 1/X1	eginning of Cu	rrent Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	11,29	85	10,160
A B	21		ilities (Part X, line 26)		0	0
<u> </u>	22		ts or fund balances. Subtract line 21 from (IDEA) FIN. 1.17	1/, 2	85	10,160
P	art II 📗	Signat	ure Block			
			ry, I declare that I have examined this return, including accompanying schedules and statem			ny knowledge and belief, it is
tru	ie, correc	ct, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowi		_
٠.		I —	Guald H. Garly			
Sig	_	, ,	ature of officer ERALD H. EMLY, EXECUTIVE DIRECTO	Dat	e フー	18-2012
He	ere	B	V-1-1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	<i>r</i>		.0
		_ 	or print name and title	_	,	Intibi
Pa	aid	Print/Ty	pe preparer's name Preparer's signature Dat	Θ	Check [
	epare	er			self-emp	pioyed
	se On	i	ame ▶	Firm	's EIN ▶	
		Firm's a	ddress >	Pho	ne no	Пу Пи-
_			s this return with the preparer shown above? (see instructions)		· · ·	Yes No
For	r Papen	work Redu	ction Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2011)

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
رے ر امار	CEIVE GOVERNOENT (STATE, COUNTY, TOWN) FUNDS ALLOCATED FOR DIE AN
4	THBOT LIVERY AND MAKE SUB-FRONTS TO EUGBLE AND DESERVINE AB PRIBOT LIVERY AND MAKE SUB-FRONTS TO EUGBLE AND DESERVINE
5	CHOVER, AND SCHOLARSHIPS to HILH SCHOOL STUDENTS OF ARTISTIC PM
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 104, 477 including grants of \$ 69, 653) (Revenue \$ 193, 3572)
	MADE CRANTS TOTALING \$ 69, US3 AS FOLLOWS:
	\$46,727 TO ONGANIZATIONS VNDEL COMMUNITA ANTS DEVELOPMENT PAGE
	\$ 18, 151 TO SCHOOLS UNDER ANTS-IN-EDVCATION AND URAN
	\$ 3,850 to onbar 125 1P25 OrD SCHIULS UNDER MINI- WANT PROBLE
	\$ 925 TO HOLY SCHOOL STUDENTS UNDER SVMMER ANTS SCHOLMS
	Buran
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•
	•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1 2	X	
3	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	3	<i>"</i>	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		\vdash
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10 m 2 10 m 10 m	W	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		X

Form 99	00 (2011)			Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		У
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<i>x</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<i>></i>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		У
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		γ
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part I</i>	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		κ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	ァ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		7
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	_~	A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a /	Ob		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Х	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		>
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		4
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Y
b	If "Yes," enter the name of the foreign country: ▶	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<i>Y</i>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		У
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		χ
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	•	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X
	required to file Form 8282?	7c		_^
d	If "Yes," indicate the number of Forms 8282 filed during the year			L.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ <u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<i></i>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		7
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b // 4			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		×
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>×</u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
р	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Top 1			
C	Enter the amount of reserves on hand	46		ي
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	~	R

Part		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	
24	Check if Schedule O contains a response to any question in this Part VI	<u> </u>
secu	on A. Governing Body and Management	Yes No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 ×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3 ×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 × 5 × 6 × 7a ×
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ×
а	the year by the following: The governing body?	8a ×
9 ———	Each committee with authority to act on behalf of the governing body?	8b x 9 x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	
10a b	Did the organization have local chapters, branches, or affiliates?	10a X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ×
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a X 12b X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c ×
13 14 15	Did the organization have a written whistleblower policy?	13 ×
a b 16a	The organization's CEO, Executive Director, or top management official	15a y 15b ~4
b	with a taxable entity during the year?	16a X
	on C. Disclosure	
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s only)
19	Own website Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f interest policy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > 688010 14. EMLY, 8865 KEMP PD, 60500, MD 24601 (2)	of the

Page	7

Form 990 (2011)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. **Position** (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) from related other week Individual t Highest compensated employee Key employee Institutional (describe organizations compensation organization (W-2/1099-MISC) hours for from the related (W-2/1099-MISC) organization rganizations and related organizations in Schedule trustee O) (1) ALICE TAJE WYOSON 19 12 0 10 X PRESIDENT AND DIRECTOR Y (2) LESLIE A. HAMBUNGEN 5 0 Ø 0 VICE PRESIDENT AND DIRECTOR (3) PELLY FORD 5 X ን 0 0 SECRETARY AND DIRECTOR O (4) ANN E. DONBIN × 5 X O 0 D TREASUREN AND DIRECTOR (5) ANDREW IX. ANDERSIN X 0 0 ۵ DIRECTOR (6) CATILENINE CRIPPS ሃ 0 0 0 DINECTOR (7) PHOMAS G. DUNCAN 0 × 0 0 BINZCTON STEPHANIE HANDY (8) 0 X 0 O DIRECTOR MICHMA L. HOTT (9) X 0 0 0 PINZ CTON DEL TOINER (10) X 0 0 0 DIRECTOR WESLEY D. LOCKFAW (11)X 0 0 0 DINZETOR (12) WILLIAM P. PEAK, JA X 0 0 0 DIRECTOR (13) MARIE R. V REN X 0 0 (0 DINECTOR WILSON W. WYATT, OR. (14) Ø γ D D DIRECTA

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, <u>a</u>	nd F	lighe	st C	ompensated E	mployees (conti	nued)
					(C)					
	(A)	(B)	Position (do not check more than						(D)	(E)	(F)
	Average hours per	box, unless person is bot					n an	Reportable compensation	Reportable	Estimated amount of	
		week		$\overline{}$	_		,	, <u>-</u> -	from	compensation from related	other
		(describe hours for	Individual trustee or director	nstati	Officer	Key employee	age a	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		related	ecto	합	¥		yee c	=	(W-2/1099-MISC)	(=	organization
		organizations in Schedule	~ tz	altn) ye	ğ				and related organizations
		O)	8	Institutional trustee			Highest compensated employee				
(15)	LAND H. FARLY	<u> </u>		\vdash		H	<u> </u>	 		<u> </u>	
7::57:	EXECUTIVE DIRECTOR	30				×	×		28,535	0	0
(16)											
(17)						\vdash		-			
						L		<u> </u>		·	
(18)		1					}			i	
(19)								Γ			
(20)			-			<u> </u>		-		<u></u>	
(21)						┝			<u> </u>		
							<u> </u>				
(22)								! 			
(23)											
(24)											
(25)						 		-			
		ļ						<u> </u>			
	Sub-total								28,535	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	28,535	0	0
<u>u</u>	Total number of individuals (including but										<u> </u>
	reportable compensation from the organi										
2	Did the examination let any former of	ficar dirac	tor 0		unte	20	kov c		vlovoo or high	act company	Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to										3 >
4	For any individual listed on line 1a, is the										
	organization and related organizations										
					•		٠				4 7
5	Did any person listed on line 1a receive of for services rendered to the organization										5 <i>y</i>
Section	on B. Independent Contractors								<u> </u>		
1	Complete this table for your five highest of	compensat	ed inc	lepe	end	ent	contr	acto	ors that receive	d more than \$10	00,000 of
	compensation from the organization. Repyear.	ort compe	nsatio	n fo	or th	ie c	alend	ar y	ear ending wit	h or within the o	rganization's tax
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
	NONE										
								_			
2	Total number of independent contractor received more than \$100.000 of compens	•	~					th	ose listed abo	ove) who	

Part VIII		Statement of Revenue								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
है है	1a	Federated campaigns	s 1a	6						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0	1					
S, E	С	Fundraising events .		0	1					
ar /	d	Related organizations		0						
S, E	е	Government grants (cor		93,519]					
io S	f	All other contributions, g	ifts, grants,]					
te E		and similar amounts not in	cluded above 1f	9,693]					
Ę Ś	g	Noncash contributions include	ded in lines 1a-1f. \$		1			•		
a C	_	Total. Add lines 1a-1	f	•	103,272					
en				Business Code						
Ven	2a	NUME								
æ	ь									
<u>ş</u>	C									
چ	d									
Ē	е									
Program Service Revenue	f	All other program ser								
<u> </u>	g	Total. Add lines 2a-2			0					
	3	Investment income								
		and other similar amo	•		80		0	0		
	4	Income from investmen		•	0			0		
	5	Royalties	 -	<u> ▶</u>	0	0	0	D		
			(i) Real	(ii) Personal						
	6a	Gross rents	0	0	}					
	b	Less: rental expenses	0	0						
	C	Rental income or (loss)		0	ļ					
	_d	Net rental income or			0	<u> </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other						
	١.	assets other than inventory	0	0						
	b	Less: cost or other basis and sales expenses .	0	•		,				
		,			1					
	l d	Gain or (loss) Net gain or (loss) .	0	>		0	0	D		
	"	ivet gain or (loss) .		· · · · · ·	 			<u> </u>		
иe	8a	Gross income from fu	undraising							
Že	ĺ	events (not including \$		ĺ	[1		
Other Reven		of contributions reporte		0				,		
ē		See Part IV, line 18 .	a		1					
₽	b	Less: direct expenses		L						
_		Net income or (loss) f		events . >	0		0	0		
	9a	Gross income from ga		0						
		See Part IV, line 19 .]					
	Ь	Less: direct expenses					<u>0</u>	<u>-</u>		
	C	Net income or (loss) f		vities ▶	0	0	0			
	10a	Gross sales of in returns and allowance		0						
1										
	b	Less: cost of goods s Net income or (loss) f			0	0	0	0		
		Miscellaneous R		Business Code						
	11a				 					
	b									
	C									
	ď	All other revenue .				<u>-</u>				
	e	Total. Add lines 11a-		>						
_	12	Total revenue. See in			103,352	0	0	Ь		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	68,728	68,728						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	925	925						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	v	0						
4 5	Benefits paid to or for members	24,248	0	24, 248	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	o	0				
7 8	Other salaries and wages	0	0	0					
9	section 401(k) and 403(b) employer contributions) Other employee benefits	682	0	682	0				
10	Payroll taxes	3,605	0	3,605	0				
11 a	Fees for services (non-employees): Management	v	e	0	0				
a b	Legal		v	0	0				
c	Accounting	462	<u>0</u>	462	0				
d	Lobbying	0	v	0	0				
е	Professional fundraising services. See Part IV, line 17	O			0				
f	Investment management fees	Ø	0	Ø	0				
g	Other	O	0		<u> </u>				
12	Advertising and promotion	633	0	833	0				
13	Office expenses	414	0	414	0				
14	Information technology	658	0	658	0				
15	Royalties	0		0	0				
16	Occupancy	0	0	0	0				
17 18	Travel	610		410					
	for any federal, state, or local public officials	0	v	0	0				
19	Conferences, conventions, and meetings	144		144					
20	Interest	0	0	<i>V</i>	0				
21 22	Payments to affiliates	0		0					
23	Insurance	7 4 4	0	744					
24	Other expenses. Itemize expenses not covered				<u> </u>				
	above. (List miscellaneous expenses in line 24e. If		ļ						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	P057A4	255	6	G	0				
b	80 m to 15	930	0	2	U				
С		508	0	0	0				
d	POSTRY CONTEST	160	<u> </u>	0					
9	All other expenses Add lines 1 through 24e	533	0	211 62 4					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	104,417	69, 653	34,824					

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	Q
	2	Savings and temporary cash investments	11,285	2	10,060
	3	Pledges and grants receivable, net	0	3	6
	4	Accounts receivable, net	0	4_	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	١ ـ		- O	3	0
"	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
iet K	7	Notes and loans receivable, net	0	7	
Assets	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	0	9	7
	10a	Land buildings and equipment; cost or			
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 0	P	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	v	13	0
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,285	16	10,160
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	<u></u>	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ces		lines 27 through 29, and lines 33 and 34.			
<u>la</u> n	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets	}	28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	<u> </u>
Ne	33	Total net assets or fund balances	11, 285	33	10,160
_	34	Total liabilities and net assets/fund balances	11, 285	34	10, 160
					Form 990 (2011)

Page	12	

	20 (2011)			ra	90 14	
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1 2		3 , 3 Y . y		
3				7 , 4 1 , 1		
4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		, 28	0	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				<u> </u>	
	column (B))	6	10	, 16	0	
Part	XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response to any question in this Part XII					
			-	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×	
b	Were the organization's financial statements audited by an independent accountant?		2b		×	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c	^	4	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ın				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b	N	9	
			Forn	n 990	(2011)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection Employer identification number

	TAZ-BO	of COUN	to Ants c	OVNC	12, 1	ic.	[5 2	53	2573	
Paı	t Reason	for Public Cha	rity Status (All orga	nization	s must c	complete	this pa	rt.) See i	nstructio	ns.	
The o	organization is not	a private found	ation because it is: (Fo	or lines 1	through 1	1, check	only one	box.)			
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
2	☐ A school desc	cribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)						
3			spital service organiza								
4			on operated in conjun	ction with	n a hospi	tal descri	bed ın se	ction 170	D(b)(1)(A)(i ii). Enter the	
	hospital's nar	ne, city, and stat	e:								
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	versity o	wned or	operated	by a go	vernment	al unit describe	ed in
6	☐ A federal, stat	te, or local gover	nment or government	al unit de	scribed i	n section	170(b)(1)(A)(v).			
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governi	mental ur	nit or from	the general p	ublic
8			in section 170(b)(1)(A		mplete Pa	art II.)					
9			receives: (1) more that				om contri	butions.	members	hip fees, and c	iross
			d to its exempt funct								
	support from	gross investme	ent income and unre	lated bus	siness ta	xable ind	come (les	s sectio	n 511 ta:	k) from busine	esses
	acquired by the	ne organization a	after June 30, 1975. Sc	ee sectio	n 509(a)(2). (Com	plete Par	t III.)			
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).		
11	☐ An organizati	on organized a	nd operated exclusive	ely for th	ne benefi	t of, to	perform	the funct	ions of,	or to carry out	t the
	purposes of o	one or more put	olicly supported organ	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 509	3(a)(2). See se c	ction
	509(a)(3). Che	eck the box that	describes the type of	supportir	ng organi	zation an	d comple	te lines 1	1e throug	h 11h.	
	a 🗌 Type I	b 🗌	Type II c	☐ Type	III-Funct	ionally in	tegrated		d□	Type III-Othe	r
е	☑ By checking t	his box, I certify	that the organization	is not co	ntrolled o	directly or	indirecti	y by one	or more	disqualified per	sons
			ers and other than on-								
	or section 509	9(a)(2).					_				
f	If the organiz	ation received	a written determination	on from	the IRS	that it is	а Туре	I, Type i	I, or Typ	e III supporting	g
		check this box									
9	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) an	d Yes	No
	(iii) below,	the governing b	ody of the supported	organızat	ion?					11g(i)	<u> </u>
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	>
			a person described in							11g(iil)	_x
h			ion about the support								
(1)	Name of supported	(II) EIN	(iii) Type of organization	 	organization		ou notify	(vi) i	s the	(vli) Amount o	f
	organization		(described on lines 1-9		sted in your document?		nization in of your		ion in col. zed in the	support	
			above or IRC section (see instructions))	governing	document		port?		S ?		
				Yes	No	Yes	No	Yes	No		
(A)	NONE]				}	}]	J J		_
		 	 				<u> </u>	<u> </u>			
(B)		1]			
	 	 	 	 	 	 	 	 	-		
(C)											
(D)											
		-							-		
(E)					III Jarge . Good						
Total	1		TE THE STATE								
. vidi			[10] [10] [10] [10] [10] [10] [10] [10]	大学社会企业的企业	· 地拉: 场: 沙湾	水油和四种水	日本の自動を含み物の例	以外的一个人的人的一个人	(1) (1) (1) (1) (1)		

18

Schedu	lib A (Form 990 or 990-EZ) 2011						Page	. 2
Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi))	
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	lify under	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)		_
	on A. Public Support				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2007-8	(b) 2008 ~ <i>9</i>	(c) 2009 -/ e	(d) 2010 ~/	/ (e) 2011 -/2	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,732	108,814	105,800	101,298	103,272	530,9	14
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	Ø	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,000	6,000	6.000	6,100	4,000	30,00	
4	Total. Add lines 1 through 3	117,732	114,814	111,800	107,298	109,272	540,	<u> </u>
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)						в	_,
6	Public support. Subtract line 5 from line 4.						560,9	16
Secti	on B. Total Support	' 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					<u></u> -
Calen	dar year (or fiscal year beginning in)	(a) 2007-8	(b) 2008 - 9	(c) 2009 - 1a	(d) 2010 ~/	/ (e) 2011 ~ / ²		_
7	Amounts from line 4	177,732	114,814	111,800	107,298	109,272	560,0	<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,384	648	166	вч	80	237	У
9	Net income from unrelated business activities, whether or not the business is regularly carried on	P	v	0	o	0	Ø	_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	P	O	9	0	0	
11	Total support. Add lines 7 through 10						563,20	30
12	Gross receipts from related activities, etc	•	-		(12		
13	First five years. If the Form 990 is for the	-			-			_
	organization, check this box and stop he				· · · · ·	· · · · ·	▶ [╛
	on C. Computation of Public Suppor			4 1 (0)		44.1	<u> </u>	.
14	Public support percentage for 2011 (line					15	59.6 %	_
15 16a	Public support percentage from 2010 Scl 331/3% support test—2011. If the organi- box and stop here. The organization qua	zation did not c	heck the box	on line 13, and	line 14 is 331	3% or more, ch	eck this	<u>%</u>
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did not	check a box	on line 13 or	16a, and line		or more,	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a	nd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in pported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	"facts-and-cir	cumstances" t	est, check th	is box and sto	p here.	_

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
TARBOT COUNTY ARTS COUNCIL, INC.	52-1532573
1- REX FORM 990, PANT VI, 520 B, 11 A	-8:
165, copy of form provided to four	
CAMPITTEE OF BROWN OR DINSCIPAS	for REVIEW
BEFORE FILING, MASSUREL MALES	DENGILES NEVIRW
ON BSHALF OF CAMMITTER, BUT AL	- L FIVE MEMBRIS
REVIEW CAMPUISAD INS SSB.	
2. NEF FARM 390, PART VI, SEC C, 19	^
WEBSIDE (WWW. TOLBOTARDS. ONL) IN	CLUPES STATEMENT
THOT GOVERNING BOLOMENTS, CHIKHET	
PBLICY, AND FINANCIAL STOTEMENTS	CLACLYDING
MOST MCENT INS 990) ANE AVAILABL	_
ON MERVEST.	
······································	
······································	
······································	
······································	