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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public

Form **990** (2012)

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inter	nal Revenu	le Service	► The organization may have	e to use a copy of this return to sa	ıtısfy state ı	reporting requi	rements	Inspection
Α	For the	2012 cale	ndar year, or tax year beginning	, 201	2, and end	ing	-	, 20
В	Check if a	applicable	C Name of organization CENTRE	FOR THE LIVING A	ARTS		D Employe	r identification number
	Address	change	Doing Business As	· · · · · · · · · · · · · · · · · · ·			63-12	36563
	Name cha	•	Number and street (or P O box if ma	ail is not delivered to street address)	Room/s	suite	E Telephon	
$\overline{\Box}$	Initial retu	Ŭ	250 Conti Street				251-2	08-5600
$\overline{\sqcap}$	Terminate		City, town or post office, state, and 2	ZIP code				
$\overline{\Box}$	Amended		MOBILE, AL 36602				G Gross re	ceipts \$ 1,602,871
Ħ.			F Name and address of principal office	Robert I. Sain		H(a) Is this	•	or affiliates? Yes No
_	replication	on pending	same as item C ak				-	cluded? Yes No
_	Tax-exem	npt status	∑ 501(c)(3)		or 527			list (see instructions)
i			.centreforthelivin		л <u> </u>		p exemption	•
к	_		Corporation Trust Associate		Year of form	4 0 0 0		of legal domicile AL
	art I	Summ		Culei P	Teal Of Ionii	allon 1000	W State	or legal dofflicile 7111
_			escribe the organization's missi	ion or most significant activity	oc: The	Cooper	Mb +	M-1 1 -
	1 '	functi	ons as a performing a	arta contar and Conc	co. 111e	Saenger	lieatre	or Moorre
Activities & Governance								
nar			ting gallery space de					
Ver			ent of contemporary was box					
တ္			is box I if the organization of voting members of the gave		disposed	i oi more thai	1 - 1	
රේ			of voting members of the gover				3	14 14
ţie			of independent voting member)	-	
ξį			mber of individuals employed in		ine 2a)		5	24
Ac			mber of volunteers (estimate if r				6	120
			elated business revenue from I				7a	
	b	Net unrei	lated business taxable income	from Form 990 - I fine 34	· · ·	· · · · · ·	7b	
		^		The second second second		Prior Y	I	Current Year
ne	8	Contribu	tions and grants (Part VIII, line				3,416	806,599
Revenue	9	Program	service revenue (Part VIII, line	29) JUL · 0 · 8 · 2013 · O		883	782	679,602
Ŗ	10	investme	ent income (Part VIII, column∦(A)	ال); lines 3, 4, and 7d) ``. الرني! ا	•	ļ	486	90
			venue (Part VIII, column (A), line				7,551	79,340
			enue – add lines 8 through 11-(m		, line 12)	1,/50	6 , 235	1,565,631
			nd similar amounts paid (Part I)				0	0
	l l		paid to or for members (Part IX	* **			0	0
es	15		other compensation, employee b	, , , , , , , , , , , , , , , , , , , ,	•	58	9,844	746,282
Expenses	16a		onal fundraising fees (Part IX, c				0	0
ă	Ь		draising expenses (Part IX, coli		9,547			
ш	117		penses (Part IX, column (A), line				2,248	1,779,055
		-	penses. Add lines 13-17 (must		25) .		2,092	2 , 525 , 337
		Revenue	less expenses. Subtract line 1	8 from line 12	<u> </u>		5,857	(959,706
Net Assets or Fund Balances						Beginning of C		End of Year
Set	20		sets (Part X, line 16)			10,55		9,637,428
E A	21		ollities (Part X, line 26)				2,305	210,513
			ts or fund balances. Subtract li	ıne 21 from line 20	<u> </u>	10,38	6,621	9,426,915
P	art II	Signa	ture Block					
Ur	der penal	ties of perju	ury, I declare that I have examined this r	return, including accompanying sched	lules and sta	tements, and to	the best of n	ny knowledge and belief, it is
	ie, coneci,	, and comp	lete Declaration of preparer (other than	officer) is based on all information of	wnich prepa	<u> </u>		
٥.			1000m)4/29/	13
Sig	-	, ,	nature of officer			Da	ate	
He	ere		- -	cutive Director				
		<u>, , , , , , , , , , , , , , , , , , , </u>	e or print name and title					
Pa	aid	1	pe preparer's name	Preparer's signature		Date	Check [X if PTIN
	epare	r KIM	K ENIKEIEFF	Kini K. Zubind		04/29/13	3 self-emp	Toyed P00989337
	se Onl	Firm's r					n's EIN ▶	
		Firm's a	address ▶ POST OFFICE !			689 Ph	one no 25	1-460-2972
Ma	v the IR	S discus	s this return with the preparer	shown above? (see instruction	ne)			X Vec No

For Paperwork Reduction Act Notice, see the separate instructions.

Part I	_
1	Check if Schedule O contains a response to any question in this Part III
•	Develop and promote interest and participation in performing and visual arts.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 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 \$ 1,121,151 including grants of \$)(Revenue \$ 585,591) Centre for the Performing Arts - Provides facilities and accommodations for performances. Organize, book, manage and promote various performing arts activities, including concerts, plays and groups provided for the benefit of the general public.
4b	(Code:)(Expenses \$ 528,809 including grants of \$)(Revenue \$ 85,648) Centre for the Visual Arts includes development and management of a facility where interested persons may study, have studios, exhibit their work and have access to a gallery of significant contemporary art.
4c	(Code:)(Expenses\$ 126,702 including grants of\$)(Revenue\$ 8,363) Centre for the Living Arts education programs include school tours, classes, workshops, and summer camps.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program carving expanses > 1 776 662

Part IV	Checklist of Required Schedules
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			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X	X
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	i	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
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	11a 11b		Х
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		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	X	Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	_
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 and XII is optional.	12b		Х
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		14b		Х
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		Х
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		X
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		Х
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		Х
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		Х
20 a		20a	 	X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 -	
		700		<u> </u>

Part IV	Checklist of Required Schedules	(continued)
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		- 1	Yes	No
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	-	Х
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		Х
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	_	X
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		X
b 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		X
	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		X
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			
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):			X
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 28b		X
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	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		X
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		Х
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? <i>If "Yes," complete Schedule R, Part VI</i>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	Х	X
		For	n 990	(2012)

Form **990** (2012)

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 48			
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 24			
L	, , , , , , , , , , , , , , , , , , , ,	26	Χ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	OD		1
a	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c_	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	<u> </u>	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11	ļ	^
•	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-	ŀ	1
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	1		1
''a	Gross income from members or shareholders			1
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	Note . See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1		
b	the control of the first of the			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		 ^

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ıns	tructio	
Secti	Check if Schedule O contains a response to any question in this Part VI	• •	• •	ш
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 14			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14	Į į		
2	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?			3.7
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<u>X</u>
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	,		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	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?	7a		Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
04!	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	L., .,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	
10a	Did the organization have local chapters, branches, or affiliates?	400	162	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· · · · ·		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
a b	The organization's CEO, Executive Director, or top management official	15a	X	X
D	Other officers or key employees of the organization	15b	 -	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a	1	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	n 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Donn request Other (explain in Schedule O)	. e . t . = 1		
19	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.	or inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20	organization: • Dahant J. Sain 250 Conti Charat Mahila 31 20000 251 200	OI THE	, ,	

Daga	7
Page	

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 employee."
- 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.

Shook the box is field of the organization fre		<u> </u>			C)					,
(A)	(B)	/do n	ot oh	Pos		than c	.no	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	Estimated
	hours per week (list any		1	_	_	or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Mike Rogers										
Chairman	3	X						0	l ol	0
(2)Meg McGovern	 	 -	 		 	 		-		<u> </u>
Treasurer	2	X	ļ					0	0	0
(3) Jim Cox								-		
Member	1	X		ļ	1			0	0	0
(4)Mike Dow		<u> </u>								
Member	1	Х						0	0	0
(5)Barbara Drummond					T					
Member	1	X						0	0	0
(6)Roma Hanks										
Member	1	X						0	0	0
(7)Ralph Holberg									ł _	
Member	1	X			_	<u> </u>		0	0	0
(8) Avery Jordan		↓								
Member	1	X	-	ļ	<u> </u>		<u> </u>	0	0	0
(9)Chris King		ļ ,,				ł				
Member	1	X	₩	├	_		├	0	0	0
(10)Chris Lee Member		X				ŀ		0	0	0
(11)Anna Luce	<u> </u>	 ^	┼	-	+	<u> </u>	╀	0		
Member	1	X						0	0	0
(12)Lucy McVay	+ +	1 1	┼		┼┈	 	╁╌	 	-	0
Member	· 1	X						0	0	0
(13)Scott Posey	+ -	1	 		╁	-	\vdash	 	ļ	
Member	†1	1 x						0	0	0
(14) Tammy Smith	_	1	T	1	T	<u> </u>			 	
Member	-†1	X						0	0	0

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trus						Position (do not check more than box, unless person is bot officer and a director/trus						Position (do not check more than box, unless person is bot officer and a director/trus						(do not check more than o box, unless person is both officer and a director/truste					Position (do not check more than one box, unless person is both a officer and a director/trustee			ot check more than one unless person is both an er and a director/trustee) (D) Reportable compensation conform		ore than one no so that an otor/trustee) Reportable rompensation from related related		Reportable compensation from		ortable Reportable compensation from		Estii amo	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	»)	froi orgar and	ensation the nization related ization	n I																									
	obert L. Sain xecutive Director	40			Х				128,183				1,	764																									
(16)																																							
(17)											-																												
													······																										
								ļ			-		-																										
														_																									
(22)	***************************************										+-			_																									
(23)			-								-																												
(24)																																							
(25)		<u> </u>	<u> </u>			 	-																																
1b c	Sub-total					L	•	>	128,183		0		1,	764																									
d_	Total (add lines 1b and 1c)	<u> </u>						<u> </u>	128,183		0		1,	764																									
2	Total number of individuals (including bu reportable compensation from the organ		d to th	ose	list	ted :	above 1	e) w	ho received m	ore than \$100,	000 c	of																											
3	Did the organization list any former o							emp	oloyee, or high	nest compens	ated		Yes																										
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the							on a	Ind other comp	 pensation from	the	3		X																									
	organization and related organizations individual	greater th	an \$¹	150,	000)? <i> </i>	f "Ye	s, "	complete Sch	edule J for s	uch			X																									
5	Did any person listed on line 1a receive of for services rendered to the organization									zatıon or indivi	dual	5		X																									
Section	on B. Independent Contractors												·																										
1	Complete this table for your five highest compensation from the organization. Re year.													ax																									
	(A) Name and business add	dress							(B) Description of s	services	Co	(C)																											
				_				F																															
													-																										
								4																															

Part VIII Statement of Revenu

		Check if Schedule O contains a resp	onse to any ques	tion in this Part V	W		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1a	Federated campaigns 1a				-	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, C	С	Fundraising events 1c					
ar.	d	Related organizations 1d					
s, (mil	е	Government grants (contributions) 1e	206,500				
io S is	f	All other contributions, gifts, grants,]	
E E		and similar amounts not included above 1f	600,099				
Ē g	g	Noncash contributions included in lines 1a-1f: \$	000,033				
a Co	h	Total. Add lines 1a-1f	-	806,599			
			Business Code	000,333			
Program Service Revenue	2a	Performing Arts Events	711300	659,965		1	
Ş		Workshops and classes	711300	19,637			
9	c		711300	19,037			
Ξ	d		*	-			
Š	e						
Jrar		All other program service revenue .		-			
ĕ	,		L	670 600	 -		<u> </u>
	<u>g</u> 3	Total. Add lines 2a-2f	>	679,602		1	
		and other similar amounts)					
		•		90			
	4	Income from investment of tax-exempt to				ļ	
	5	Royalties	(ii) Personal				
	6a	Gross rents 11,000					
	b	Less: rental expenses	<u> </u>				
	C	Rental income or (loss) 11,000	0				
	d	Net rental income or (loss)		11,000			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	p	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)	0				
	d	Net gain or (loss)	<u> ▶</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$					
er		See Part IV, line 18					
Ŧ	b	Less: direct expenses					
	С	Net income or (loss) from fundraising		·- o			
	9a	Gross income from gaming activities.		<u> </u>	·		
		See Part IV, line 19					
	b	Less: direct expenses					
	С	Net income or (loss) from gaming act		o			
	10a	_		<u> </u>	 -		
		returns and allowances a	87,116				
	ь	Less. cost of goods sold b					
	c	Net income or (loss) from sales of inv		40 076			
		Miscellaneous Revenue	Business Code	49,876		 	
	11a	Other income	222555 5546	10 464			
	b			18,464			
	C						
	d	All other revenue			<u> </u>		
	e	Total. Add lines 11a–11d		10 464			
	12	Total revenue. See instructions.		18,464			
			· · · · ·	1,565,631			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must co		All other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respor		in this Part IX		
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, 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			ς.	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				-
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	128,183		128,183	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1207103	-7.	120,103	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	530,887	255,821	202,566	72,500
9	Other employee benefits	33,497	19,478	10,346	3,673 5,358
10	Payroll taxes	53,715	22,281	26,076	5,358
11	Fees for services (non-employees):				
a h	Management				
b C	Legal	9,569		9,569	
ď	Lobbying	9,309	·		
e	Professional fundraising services. See Part IV, line 17		Recognition of the second		
f	Investment management fees		*		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	76,837	76,184	475	178
12	Advertising and promotion	68,140		7,510	
13	Office expenses	95,247	45,774	36,756	12,717
14	Information technology	30,446	3,510	26,874	62
15	Royalties				
16	Occupancy	338,529	210,368	128,161	
17	Travel	21,007	8,215	9,559	3,233
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,720		20	1,700
20	Interest	3,929		3,929	
21	Payments to affiliates	220 (27	201 020	0 500	-
22 23	Depreciation, depletion, and amortization . Insurance	329,637 69,208	321,038 28,134	8,599	107
23 24		09,200	20,134	40,967	107
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	*				
а	Other production costs	515,224	515,224		
b	Programs	193,800	193,800		
С	Receptions	17,244	14,747	2,478	19
d					
е	All other expenses Other expenses	8,518	1,458	7,060	
_25	Total functional expenses. Add lines 1 through 24e	2,525,337	1,776,662	649,128	99,547
26	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)				
			<u> </u>		

Part X Balance Sheet

Part				<u></u>
	Check if Schedule O contains a response to any question in this Part			<u></u> 🗆
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	8,568	1	15,061
2	• • • • • • • • • • • • • • • • • • • •	809,145	2	31,476
3	Pledges and grants receivable, net	12,429	3	6,517
4		21,000	4	121,230
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<u> </u>	5	
ts 6	Loans and other 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) Complete Part II of Schedule L	· .	6	
Assets	Notes and loans receivable, net		7	
₹ 8		5,464	8	9,872
9	Prepaid expenses and deferred charges	35,222	9	15,988
10	· · · · · · · · · · · · · · · · · · ·			
	other basis. Complete Part VI of Schedule D 10a 11,406,966			
	b Less accumulated depreciation 10b 1,969,682	9,667,098	10c	9,437,284
11		· ,	11	
12	· · ·		12	·
13			13	
14		-	14	
15			15	
16		10,558,926	16	9,637,428
17		30,437	17	136,200
18		<u> </u>	18	
19		15,118	19	
20		· · · · · · · · · · · · · · · · · · ·	20	
21			21	
န္တ 22	· · · · · · · · · · · · · · · · · · ·			
₩ .	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L	Har ముద్రు మొక్కి మాక్షు కుమి - ము ఎవవుడు. -	22	
≟ 23	Secured mortgages and notes payable to unrelated third parties	98,219	23	41,650
24			24	
25	· · · · · · · · · · · · · · · · · · ·			
	of Schedule D	28,531	25	32 , 663
26	Total liabilities. Add lines 17 through 25	172,305	26	210,513
Se	Organizations that follow SFAS 117 (ASC 958), check here ► 🖾 and complete lines 27 through 29, and lines 33 and 34.	,		2107010
ည်း အ 27		10,201,416	27	9,384,777
등 28		185,205	28	42,138
B 29		103,203	29	42,130
Net Assets or Fund Balances 25 25 33 33 33 33 33 33 33 33 33 33 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	* 1	25	
g 30		41 <u>.</u> .	30	
31			30 31	<u> </u>
8 32	, , , , , , , , , , , , , , , , , , , ,		32	
₹ 33		10,386,621	33	9,426,915
Z 34		10,558,926		9,637,428
	Total habilities and rist assets/fully balances	10,000,920	34	Form 990 (2012)

 $\alpha \alpha \alpha$	(2012)	

Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,5	65,	631
2	Total expenses (must equal Part IX, column (A), line 25)	2,5	25,	337
3	Revenue less expenses. Subtract line 2 from line 1			706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	0,3	86,	621
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	9,4	26,	915
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," explain in Schedule O.			
_				
2a	The tribute of tribute of the tribute of tribute of tribute of the tribute of tribute of the tribute of t	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
		ļ		
_	Separate basis Consolidated basis Both consolidated and separate basis			,
D	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c		
	Schedule O.			,
3a		}		
va	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja .		<u> </u>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		- 14	, 99n	(2012)
			~~~	140141

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	TRE FOR TH							<u>3-123</u>				
Par			rity Status (All orga						nstructior	ns.		
1 2 3	A church, con A school desc A hospital or a A medical rese	vention of churc ribed in <b>section</b> a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedi ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170( 70(b)(1)(	b)(1)(A)(i) A)(iii).		ii). Ente	r the	
5	An organization	-	the benefit of a collect	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit d	escrib	ed in
	An organization	on that normally	nment or governmentareceives a substantia (A)(vi). (Complete Par	I part of					nit or from	the ger	neral į	oublic
9	An organization receipts from support from acquired by the	on that normally activities related gross investment organization a	n section 170(b)(1)(A) receives. (1) more that to its exempt functent income and unrelater June 30, 1975. Sec.	an 33¹/₃% ions—sul lated bus ee <b>sectio</b>	of its subject to desiness tax n 509(a)(2	upport fro certain ex xable ind <b>2).</b> (Com	ceptions come (les olete Pari	s, and (2) ss sectio t III.)	no more n 511 tax	than 33	31/3%	of its
11	☐ An organization purposes of compute 509(a)(3). Che a ☐ Type I☐ By checking the compute for	on organized and one or more publick the box that by Type his box, I certify indation manage	d operated exclusively and operated exclusive olicity supported organ describes the type of a li c Type III that the organization ers and other than one	ely for th nizations supportin I-Functio is not co	ne benefit described ng organiz nally integ ntrolled d	t of, to point of the control of the	perform to the following the following to the following to the following t	the funct a)(1) or se te lines 1 Type III- y by one	tions of, of ection 509 1e through Non-function or more d	(a)(2). S h 11h. ionally ii isqualifi	see <b>se</b> ntegra led pe	ection ated ersons
f g	organization, o	check this box	a written determination							e III sup 	portir	ng 
9	following pers  (i) A person (III) below,	ons? who directly or i the governing b	ndirectly controls, eithody of the supported of	her alone organizat	or toget	her with	persons	describe	d in (ii) and	11g(ı)	+	No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	ı (i) or (ii) a	above? .					11g(ii 11g(iii	+	
(i) !	Name of supported organization	(ii) EIN	(iii) Type of organization (v) Did you notify (described on lines 1–9 above or IRC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col (i) listed in your support?  (v) Did you notify the organization in col (i) organization in col (i) organized in the US?		<b>vii)</b> Amou su	nt of mo	onetary					
(A)				Yes	No	Yes	No	Yes	No			
(B)												
(C)										•		
(D)												
(E)												
Total				, , ,								

Part							
	(Complete only if you checked the Part III. If the organization fails to				_		alify under
Secti	on A. Public Support	<u> </u>			<u></u>	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	on B. Total Support				·		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
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	re	<u></u>				
	on C. Computation of Public Suppor				··	<del>     </del>	
14 15 16a	Public support percentage for 2012 (line Public support percentage from 2011 Scl 331/3% support test—2012. If the organi	nedule A, Part	II, line 14 .			14 15	%
	box and stop here. The organization qua						▶ 🖂
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did n	ot check a bo	x on line 13 o	r 16a, and line	e 15 is 33 ¹ /3%	
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	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets th	e "facts-and-c	ircumstances" tances" test. 1	test, check to	his box and s	a, and line stop here.
18	Private foundation. If the organization de	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	<u> </u>	30.0	ovi, picaco co	mpioto i dit i	·· <i>·</i>	<del></del>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")	1,241,216	763,766	624,242	835 <b>,</b> 951	806,599	4,271,774
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	1,009,283	770,783	1,033,451	1,033,147	785,182	4,631,846
3	Gross receipts from activities that are not an	-		- "."			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	~					
Ū	furnished by a governmental unit to the						
	organization without charge	90,000	90,000	90,000	00 000	00 000	450 000
6	Total. Add lines 1 through 5		1,624,549		90,000		450,000
7a	Amounts included on lines 1, 2, and 3	_2,340,499	1,624,349	1,747,693	1,959,098	1,681,781	9,353,620
	received from disqualified persons .	300,000	200,000	253,000	206 642	242 640	1 202 202
h	Amounts included on lines 2 and 3	300,000	200,000	253,000	286,642	243,640	1,283,282
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	300,000	200,000	253,000	286,642	243,640	1,283,282
8	Public support (Subtract line 7c from	. 3007000	200,000	233,000	200,042	243,040	1,203,202
	line 6.)	٠,				1	8,070,338
Secti	on B. Total Support	<del></del>					0,070,336
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,340,499	1,624,549	1,747,693			9,353,620
10a	Gross income from interest, dividends,				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,000,020
	payments received on securities loans, rents,						
	royalties and income from similar sources .	408,522	382,220	137,449	6,486	11,090	945,767
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	408,522	382,220	137,449	6,486	11,090	945,767
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						10 000
14	First five years. If the Form 990 is for the	ll	's first secon	d third fourth	or fifth tay ve	ar as a soction	10,299,387
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	rt Percentage	9				<u> </u>
15	Public support percentage for 2012 (line 8			3. column (f))		15	78.36 <b>%</b>
16	Public support percentage from 2011 Sch	nedule A, Part I	III, line 15 .				77.31 %
Secti	on D. Computation of Investment Inc	come Percer	ntage	##		<del></del>	
17	Investment income percentage for 2012 (			y line 13, colur	nn (f))	17	9.18 %
18	Investment income percentage from 2011					18	11.86 %
19a	331/3% support tests—2012. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	a publicly suppo	orted organization	on . ▶ 🗓
b	331/3% support tests—2011. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this I	box and <b>stop h</b>	<b>ere</b> . The organi	zation qualifies	as a publicly si	upported organi	zation >
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions ► 🗍

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
	······································						
*- <b>-</b>							
•••							
	***************************************						

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	the organization		Employe	er identification number
	RE FOR THE LIVING ARTS			.236563
Par	Organizations Maintaining Don- organization answered "Yes" to F	or Advised Funds or Other Similar Futorm 990, Part IV, line 6.	inds or A	Accounts. Complete if the
		(a) Donor advised funds	(	(b) Funds and other accounts
1	Total number at end of year			-
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
	funds are the organization's property, subje	-		
6	Did the organization inform all grantees, do			
	only for charitable purposes and not for th	e benefit of the donor or donor advisor, or	for any	other purpose
	conferring impermissible private benefit?			· · · · □ Yes □ No
Par		plete if the organization answered "Yes	" to Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·		
	Protection of natural habitat	Preservation	of a certi	fied historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribut	tion in the	e form of a conservation
	easement on the last day of the tax year.		Г	1 =
_	Total accept as of a second second second second			Held at the End of the Tax Year
a				2a
b	Total acreage restricted by conservation ea			2b
c d	Number of conservation easements on a ce			2c
u	Number of conservation easements include historic structure listed in the National Regis			
3	Number of conservation easements modifie		L	<b>2d</b>
	tax year ►			
4	Number of states where property subject to			
5	Does the organization have a written po- violations, and enforcement of the conserva-			
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservatio	n easem	ents during the year
7	Amount of expenses incurred in monitoring ►\$	, inspecting, and enforcing conservation ea	sements	during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirements	of section	on 170(h)(4)(B) · · · · · <b>☐ Yes ☐ No</b>
9	In Part XIII, describe how the organization re			
•	balance sheet, and include, if applicable, th			
	organization's accounting for conservation	easements.		
Part		ections of Art, Historical Treasures, o	or Other	Similar Assets.
		wered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted ur	nder SFAS 116 (ASC 958), not to report in i	ts revenu	ue statement and balance sheet
	works of art, historical treasures, or other public service, provide, in Part XIII, the text	similar assets held for public exhibition, e	education	n, or research in furtherance of
b	If the organization elected, as permitted u	under SFAS 116 (ASC 958), to report in its	s revenu	e statement and balance sheet
	works of art, historical treasures, or other	sımılar assets held for public exhibition, e	educatioi	n, or research in furtherance of
	public service, provide the following amount	ts relating to these items:		
	(i) Revenues included in Form 990, Part VII	I, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X .			. ▶ \$
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets	
	following amounts required to be reported			2
а	Revenues included in Form 990, Part VIII, li			. ▶ \$
	Assets included in Form 990 Part Y			·

Part	Organizations Maintaining C	ollections of	Art, Hist	torical T	reasures,	or Oth	ner Similar A	ssets (d	contin	ued)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and o	ther recor	ds, chec	k any of the	follow	ing that are a	significa	nt use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	ams			
b	☐ Scholarly research		е		-					
С	Preservation for future generations									
4	Provide a description of the organization XIII.	n's collections	and expla	ain how th	hey further t	he org	anızatıon's exe	empt pur	pose II	n Part
5	During the year, did the organization so assets to be sold to raise funds rather the								Yes [	□No
Part	IV Escrow and Custodial Arrange				-					
	line 9, or reported an amount of				azao			01111 00	o, , u.	,
1a	Is the organization an agent, trustee, c				or contributi	ons or	other assets	not		
•	included on Form 990, Part X?								Yes [	□Nο
b	If "Yes," explain the arrangement in Part								.03	
-	in 100, explain the arrangement in 1 are	Am and comp	icto tric ro	mowing to	abic.		1	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d	+			
e	Distributions during the year					1e	<del></del>			
f	Ending balance					1f				
2a	Did the organization include an amount								Yes [	
	If "Yes," explain the arrangement in Part									
	V Endowment Funds. Complete								<u></u>	
ган	Endowment Funds. Complete	en the organi. (a) Current year		or year			(d) Three years ba			- back
10	Paginning of year balance	(a) Current year	(0) 1 11	or year	(C) Two years	S Dack	(u) Three years ba	ick (e) i	Jui years	
1a	Beginning of year balance		<del> </del>							
b	Contributions		-					<u> </u>		
С	Net investment earnings, gains, and							1		
	losses		<b> </b>							
d							•			
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the			e (line 1g	ı, column (a)	) held a	as:			
а	Board designated or quasi-endowment	<b>&gt;</b>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u></u> %								
	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the	possession of t	he organi	zation tha	at are held a	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(	<u>i)</u>	<del></del>
	(ii) related organizations							. <b>3a</b> (	ii)	
b	If "Yes" to 3a(II), are the related organiza							. <b>3</b> b	,	
4	Describe in Part XIII the intended uses of									
Part	· · · · · · · · · · · · · · · · · · ·		· ·	art X, lin	<u>e 10.</u>					
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) B	ook valu	ie
1a	Land				77,821	£	•		77,	821
b	Buildings				43,480		977,730	6,	165,	,750
С	Leasehold improvements				87,194		638,555			, 639
d	Equipment				98,471		353,397			,074
е	Other			1						
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 9	990, Part	X, columr	n (B), line 10	(c).) .		9,	437,	, 284

Part VII	Investments – Other Securities	. See Form 990, Part X, I	ine 12.	
(	a) Description of security or category (including name of security)	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)		<del></del> -		·····
(F)				
(G)				·
(H)	······			<del></del>
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Related	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
_(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(:	a) Description		(b) Book value
(1)		<del></del>		
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<b>.</b>	
Part X	Other Liabilities. See Form 990			
1. (1) Fodors	(a) Description of liability	(b) Book value		
	osits	32,663		
(3)	23163	32,003		
(4)				
(5)			•	
(6)				
(7)			1	
(8)				
(9)				
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,663		
2. FIN 48 (A	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	anization's financial statements that	
liability for u	uncertain tax positions under FIN 48 (ASC 7	(40). Check here if the text of	the footnote has been provided in P	art XIII

P	ade	4

Part	<u></u>	er Retu	
1	Total revenue, gains, and other support per audited financial statements	. 1	1,602,871
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	٠,	
d	Other (Describe in Part XIII.)	10	
е	Add lines 2a through 2d	. 2e	37,240
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	1,565,631
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,565,631
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	. 1	2,562,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7.	
а	Donated services and use of facilities	[-	
b	Prior year adjustments	_	
c	Other losses	— <u>,</u> , ,,	
d	Other (Describe in Part XIII.)	40	
e	Add lines <b>2a</b> through <b>2d</b>	2e	37,240
3	Subtract line 2e from line 1	. 3	2,525,337
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. \	2,323,337
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_	Add lines <b>4a</b> and <b>4b</b>	. 4c	l
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		2,525,337
Part	XIII Supplemental Information	·   •	2,020,007
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	l· Part IV	lines 1b and 2b
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
ınform			,
Sche	edule D Part XII Line 2d - This amount is the cost of s	ales.	See Form
990	Part VIII.		
For	the audit report, this item is treated as an expense,	for t	he tax
reti	urn, this item is netted against the revenue.		
Sche	edule D Part XIII Line 2d - This amount is the cost of	sales	. See Form
•			
990	Part VIII.		
For	the audit report, this item is treated as an expense,	for t	he tax
	***************************************		

scriedule D (Forr	n 990) 2012									Page	e O
Part XIII	Supplei	mental I	nfori	mation (cor	ntinued)				 		
return,	this	item	is	netted	against	the	revenue.				
				••••					 		
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

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
CENTRE FOR THE LIVING ARTS

Employer identification number

CENTRE FOR THE LIVING ARTS	63-1236563
Form 990, Part VI, Line 11a - A copy of the fina	al form of the Form 990
and the required schedules were provided to the	Board of Directors
electronically for their review prior to the ret	turn being filed.
Form 990, Part VI, Line 12c - The Organization,	on an annual basis, asks
each member of the Board of Directors to review	the Conflict of Interest
Policy to verify that they do not have any confi	licts of interest with the
Organization.	
Form 990, Part VI, Line 15a - The compensation of	of the Executive Director
was reviewed by the Budget and Finance Committee	e and approved by the
Board of Directors as part of the approval of the	he annual budget.
Form 990, Part VI, Line 18 - The Organization's	Form 990 will be mailed to
anyone who requests a copy of the form.	
Form 990, Part VI, Line 19 - The Organization's	governing documents,
Conflict of Interest Policy, the annual Audited	Financial Statements and
the Form 990 are made available to anyone who re	equests the documents.

Schedule O (F	orm 990 c	or 990-EZ	) (2012)				 				ge 🗷
Name of the or CENTRE			LIVING	ARTS		·		Employer ide 63-123	entification nu 6563	mber	
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