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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation)

Inten	nal Revenu	► The organization may have to use a copy of this return to satisfy state	reporting requi	rements	Inspection	
Ā	For the	2012 calendar year, or tax year beginning プリレソ / _, 2012, and end	ing Ju	16 30		
В	Check if a	applicable C Name of organization TALBOT COUNTY ARTS COUNCIL	, INC.		er identification number	
	Address		IL, INC.	52	1532573	
	Name cha		suite	•	ne number	
	Initial retu			4/0	0-310-9812	
	Terminate				60 010	
_	Amended				eceipts \$ 98, 578	
	Application	on pending F Name and address of principal officer FERALD 4- EARLY, Ex. DIA			for affiliates? Yes 🔼 No	
		8855 KEMP MARD, EASTON, AD 21601			ncluded? Yes No	
<u>!</u>	Tax-exem	·			NA	
<u>J</u>	Website:				of legal domicile	
_	art I	rganization Corporation Trust Association Other L Year of form Summary	1787	IN State	or legal dornicle	
		Briefly describe the organization's mission or most significant activities:	CUPPRT	746	MONE IN TALBOT	
	i	COUNTY, DD. BY GRONTING FULLS TO ARTS OR G			ATS ACTIVITIES,	
ည		ARTS EDVLATION, AND INDIVIDUAL ARTISTS				
Governance		ANTS THANGH ADVOCACY, PLANNING, COPRO	~ ATION	010	PUBLIC RELATIO	
Ş	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	1 25% of	its net assets.	
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15	
es &	4	Number of independent voting members of the governing body (Part VI, line 1	o)	4	15	
ŧ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5		
Activities &	6	Total number of volunteers (estimate if necessary)			0	
_		Total unrelated business revenue from Part VIII, column (C), line 12			6	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	O	
ine	_	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Y		Current Year	
	1	Contributions and grants (Part VIII, line 1h)	103, 2	0	98, 53 Y	
Revenue	1	Program service revenue (Part VIII, line 2g)	—	80	44	
Re	•	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	—	0	7 4	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183, 3		58, 578	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	69,4		70, 670	
	,	Benefits paid to or for members (Part IX, column (A), line 4)		0	1 0	
S	145	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,5	3 5	28,535	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		v	0	
ē	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
Щ	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6.2	79	4,053	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	104,4		105, 258	
	19	Revenue less expenses. Subtract line 18 from line 12	(-)1/12		(-) 6, 680	
٥٥		اقا وبمر بر الما	Beginning of C		End of Year	
Ssets	20	Total assets (Part X, line 16)	10,1		3, 480	
Net Assets or	21	Total liabilities (Part X, line 26)	 	0	0	
_	22 art II	Net assets or fund balances. Subtract line 21 from line 20 GDEN, UT Signature Block	10,10	60	3,480	
			tomosts and to	the best of	my knowledge, and heliof it is	
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete Declaration of preparer (other than officer) is based on all information of which prepa			ily kilowiedge allo belief, it is	
		August N. Starte				
Sig	gn	Signature of officer	D.	ate		
	ere	GENOLD H. EBALY, EXECUTIVE DIRECTOR		2 ~	16-2013	
		Type or print name and title				
P	aid	Print/Type preparer's name Preparer's signature	Date	Check	PTIN	
	epare	r		self-em		
	se Onl		Fin	m's EIN ▶		
		Firm's address	Ph	one no		
	<u> </u>	S discuss this return with the preparer shown above? (see instructions)	· · · ·	<u></u>	Yes No	
Fo	r Paperv	york Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2012)	

For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

(Expenses \$

Total program service expenses

including grants of \$

art i	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," complete Schedule A	1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		
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		<i>X</i>
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		<i>×</i>
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		メ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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.	2"\$10 \$10		
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		メ
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		K
	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? If "Yes," complete Schedule D, Part IX	11d		×
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
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		X
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		*
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		X
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	•	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		A
		For	n 990	(2012)

Part I	V Checklist of Required Schedules (continued)			
			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	x	
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		×
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		٨
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
	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		ኦ ኦ
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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	25a		-\times \forall \foral
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	051)
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.	25b		<u>·</u> د
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		λ
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		K
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 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		x
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		٨
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>×</u>
b	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	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		ኦ
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>	37		×
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.	38	×	

Part	• • • • • • • • • • • • • • • • • • •		_	_
	Check if Schedule O contains a response to any question in this Part V		· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	N	4
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		ح _
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	~	4
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		i I	ι .
	account)?	4a		λ
Ь	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?	Fo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<u>_}</u>
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	30		د
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		V
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	'A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	\rightarrow	<u> </u>
g	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	~	۵
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			Ĭ
	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		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b **A-			
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		×
b	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		X
ь	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			
IJ	the argenization is transport to record to record the dead to be a like along			
С	Enter the amount of recogning on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.		
	Check if Schedule O contains a response to any question in this Part VI		
Secti	on A. Governing Body and Management	<u> </u>	· · <u> </u>
			Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a / 5		
	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		
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?	2	<u>}_</u>
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	<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6	X
7a	Did the organization have members or stockholders?	•	
	one or more members of the governing body?	7a	ソ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- "	
-	stockholders, or persons other than the governing body?	7b	٧
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following:		
а	The governing body?	8a	×
b	Each committee with authority to act on behalf of the governing body?	8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		
<u>C4</u> :	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104	-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	MA
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	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	×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<i>x</i>
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	y
13	Did the organization have a written whistleblower policy?	13	×
14	Did the organization have a written document retention and destruction policy?	14	×
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	The organization's CEO, Executive Director, or top management official	15a	<u> </u>
b	Other officers or key employees of the organization	15b	<i>~</i> ∕2
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
100	with a taxable entity during the year?	16a	>
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		
Sect:	organization's exempt status with respect to such arrangements?	16b	<u>~b</u>
17	List the states with which a copy of this Form 990 is required to be filed **Core** **Core*** **Core** **Core**		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 5016	c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(-,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	☐ Own website ☐ Another's website 🔀 Upon request ☐ Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inter	est policy.
	and financial statements available to the public during the tax year.		,
20	State the name, physical address, and telephone number of the person who possesses the books and records		
	organization: > GENALD H. EARLY, SYLE. Din., 8855 KEMP ND, EASTON	MD	21601

Form 990 (2012)

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	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	erage box, unless person is both an From the control of the co					ne an	from	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALICA JANG LEPSON POSSIDENT AND DIRECTOR	,0	X		y				o	P	V
(2) ANN DONBIN- +MCK VICE POSSIDENT AND DINSORM	5	Х		x				Ø	v	0
(3) STEPHANE WAYDY SECRETORY OND DIRECTOR	\$	х		У				0	v	0
(4) PEGRY FORD TREASURGE AND DINE CTON	5	×		×				O	0	0
(5) ANDREW H. ANDENSOI	/	<i>)</i>						O	v	O
(6) SOYDY BENIS		У						0	0	0
(7) CODYELINE CRIPPS DIRECTOR	1	У						0	D	0
(8) THOMAS G. DV-CAN DINECTON	1	Х						v	0	0
(9) ADDERT J. FARLOWET	/	×						Q	0	0
(10) CAROL GORDEAN	/	×						0	0	Ø
(11) RICHARD L. HOTT DIRECTOR	11	Х						U	0	0
(12) WILLIAM P. PEAK, OR		X						0	0	D
(13) CLADY REED DIORECTED	//	y						0	0	o
(14) DANIE A. VAEN	/	X						0	D	0

Part	Section A. Officers, Directors, Trust	ees, Key E	mpio	/ees			lignes	it C	ompensated E	mpioyees (contil	iuea)		
	(A) Name and title	(B) Average hours per	box, i	unles	(C) Position heck more than on ss person is both a id a director/truste			an	(D) Reportable compensation	(E) Reportable compensation from	from amount of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organization		ר ו
(15)	WILSON W. HTATT, JA DINECTON	1	1						0	v	, ,		
(16)	DINECTIA GENTYA DINECTIA	30				X	Х		28,535	O	0		
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)									_				
(25)													
1b	Sub-total				•	•	•	>	28,535			0	
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	· · · ·	<u> </u>					<u> </u>	28,535	0		0	
2	Total number of individuals (including bureportable compensation from the organ		to th	ose	list	ted -	above	e) w	vho rećeived m	ore than \$100,00	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensate	ed :	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual												X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu		_	ىر
Section	on B. Independent Contractors								<u> </u>				
1	Complete this table for your five highest compensation from the organization. Reyear.												ax
	(A) Name and business add	iress							(B) Description of s	ervices	(C Comper		
	2417												
				-									
2	Total number of independent contractor received more than \$100,000 of compen							o th	hose listed ab	ove) who	<i>y</i>	<u></u>	
		·- -	_								Fo	m 990	(2012)

Form **990** (2012)

Par	VIII	Statement of Reve						_
		Check if Schedule O c	contains a respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont All other contributions, git and similar amounts not inc Noncash contributions includi	tributions) 1e fts, grants, luded above 1f	9 9 9 9 9,209 7,325				
<u>ခ် လ</u>	h	Total. Add lines 1a-1f	i <u>.</u>	•	58,534			
Program Service Revenue	2a b c	~0 \ \ \frac{1}{2}		Business Code				
gran	f	All other program serv						
P	g	Total. Add lines 2a-2f			0	 		
	3 4 5	Investment income (and other similar amount income from investment Royalties	including divid unts) of tax-exempt be	ends, interest, ▶ ond proceeds ▶	y 7	0	0	v O
			(ı) Real	(II) Personal			,	,
	6a	Gross rents	0	0]			i,
	b	Less: rental expenses	0	0]		•	
	С	Rental income or (loss)	U		ļ			
	_d	Net rental income or (I			0	0	U	0
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other	-		, 3	
		and sales expenses .	0					
	С	Gain or (loss)	0	Ø	1			
	d	Net gain or (loss) .		<u> </u>	0	0	0	0
Other Revenue	8a	Gross income from full events (not including \$ of contributions reported)	d on line 1c).	0		,	* *′	
her			а]			•
₹		Less: direct expenses			ļ <u> </u>	_		
		Net income or (loss) fr Gross income from ga See Part IV, line 19 .	ming activities.		0			
	ь	Less: direct expenses		·	1			Þ
	10a	Net income or (loss) fr Gross sales of in- returns and allowance	ventory, less	_	0	0	V	0
	b c	Less: cost of goods so Net income or (loss) fr			0	v	0	0
		Miscellaneous Re	evenue	Business Code				
	11a	NONE		0	<u> </u>			
	b				ļ			
	C	All all and		9			- 8	10
	d	All other revenue . Total. Add lines 11a-		L	0	0	<u> </u>	
	12	Total revenue. See in			58.578	0	0	D

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	s must complete co	lumn (A).				
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	63, 120	65, 170		, , , f M.,				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,500	1,500		<u> </u>				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	,	o						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	24, 030	0	24, 030	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	0	ð				
7	Other salaries and wages	0	0	V	0				
8	section 401(k) and 403(b) employer contributions)	0	o	0					
9 10	Other employee benefits	727	P	717	0				
11	Fees for services (non-employees):	3, 228		3,778					
а	Management	0	0	O	0				
b	Legal	0	0	O	0				
С	Accounting	260	0	260	0				
d	Lobbying	0	0	0	0				
e	Professional fundraising services. See Part IV, line 17	0							
f g	Investment management fees		0	v	0				
40	(A) amount, list line 11g expenses on Schedule O.)	0		0					
12 13	Advertising and promotion	£7/	0	871	e				
14	Office expenses	77 y 753	0	214 253					
15	Royalties	773	O	0					
16	Occupancy	0	0	0					
17	Travel	573	0	593	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	v	0	0				
19	Conferences, conventions, and meetings .	135	0	135	0				
20	Interest	0	0	n	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	<i>b</i>	0	<i>v</i>	D				
23	Insurance	244		2 Y Y	0				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			•	N. Far				
а	One da .	262	v	262	<i>p</i>				
a b	PRIMAL	352	- V	352	0				
c	9V 63	506	0	501	0				
d	DV 63 PRETTY CAL TEST	160	0	160	0				
е	All other expenses	619	•	619	Ø				
_25	Total functional expenses. Add lines 1 through 24e	105, 258	20, 670	34,588	0				
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)								
					- 000				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part >	· · · · · · ·		
	-,,.		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	10,160	2	3.480
	3	Pledges and grants receivable, net	V	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			3 · /2
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	<i>D</i>	5	
	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			
ets	_	- · · · · · · · · · · · · · · · · · · ·	0	6	
Assets	7	Notes and loans receivable, net		7	
۹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1	9	 ;
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities	<i>P</i>	11	· · · · · · · · · · · ·
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11		15	0
	16		18, 16 9	16	3,480
	17	Total assets. Add lines 1 through 15 (must equal line 34)	10, 14 9	17	3,980
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Part of the control o		20	
	21	Tax-exempt bond liabilities		21	
"		Loans and other payables to current and former officers, directors,		21	
ţį	22	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ia.	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		24	
	25	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 (ASC 958), check here ▶ □ and	· · ·		
ces		complete lines 27 through 29, and lines 33 and 34.		,	
a	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete lines 30 through 34.	' ₄	,	* * * * * * * * * * * * * * * * * * * *
क्	30	Capital stock or trust principal, or current funds	V	30	V
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	U	31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds	D	32	0
Net	33	Total net assets or fund balances	10,140	33	3, 480
_	34	Total liabilities and net assets/fund balances	10,140	34	3,480
					Form 990 (2012)

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	58,	50	8
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,		
3	Revenue less expenses. Subtract line 2 from line 1	3		.68	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10.		
5	Net unrealized gains (losses) on investments	5		0	
6	Donated services and use of facilities	6		0	1
7	Investment expenses	7		0	
8	Prior period adjustments	8		7	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				`
	33, column (B))	10	3, 9	180	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · ·	٠.,	
				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," e	xplain in			
_	Schedule O.			Ì	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	ipiled or			
_	Separate basis Consolidated basis Both consolidated and separate basis				- V
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		2b		*
	separate basis, consolidated basis, or both:	eu on a		ł	
_	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 organization.	worsiaht			
C	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		×
	If the organization changed either its oversight process or selection process during the tax year, e		20		
	Schedule O.	Apiaiii iii			
За	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth in		į	
Vu	the Single Audit Act and OMB Circular A-133?		3a		X
b	The state of the s		04		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3ь	1	9
			<u> </u>	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

	TALB	OT COUNT	to arts cov.	ne1L,	120.			52	-153	2 5~23
Par	Reason 1	for Public Cha	arity Status (All orga	anization	s must c	complete	this pa			
The o			ation because it is: (Fo							
1	A church, cor	vention of churc	ches, or association of	churche	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
			on operated in conjun						0(b)(1)(A)	(iii). Enter the
		ne, city, and sta			•					
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit d section 170(b)(1)(A)(iv). (Complete Part II.)								tal unit described in		
6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit										
								nt or fron	n the general public	
)(A)(vi). (Complete Pa				J =			ganara paana
8				•	molete Pa	art IL)				
									ship foce, and arose	
•			ed to its exempt funct							
			ent income and unre							
			after June 30, 1975. S							
10		-	d operated exclusively					•	4)	
			nd operated exclusiv							or to carry out the
• •			blicly supported organ							
			describes the type of							
	a 🗌 Type I						•			tionally integrated
е			that the organization		•	_				
Ū			ers and other than on							
	or section 509	9(a)(2).		0 0	, pas,	Саррол	ou organ		200011000	· 11. 00011011 000(a)(1)
f			a written determination	on from	the IRS t	that it is	a Type	I Type i	ll or Tvr	e III supporting
g	Since August	17, 2006, has	the organization acce	pted anv	aift or co	ontributio	n from a	nv of the)	
·	following pers		 	,,	3			,		
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) a	nd Yes No
			ody of the supported							_ - -
	(ii) A family m	nember of a pers	son described in (i) abo	ove?						11g(i) X
			f a person described in							11g(iii) X
h			tion about the support						• • •	
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the d	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount of monetary
	organization	(.,	(described on lines 1–9 above or IRC section (see instructions))	in col (i) listed in your governing document?		the organization in col (i) of your support?		organization in col (i) organized in the US?		support
		1	(coo moz domenoj)	Yes	No	Yes	No	Yes	No	1
(A)	NONE									
(B)										
			 	1		-		 		
(C)				<u></u>						
(D)										
(E)						-				
		,	 	-	r					
Total			,	1					'	

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (b) 2009 -10 Calendar year (or fiscal year beginning in) (a) 2008 - 9 (c) 2010 - W (d) 2011-/2 (e) 2012 ~ /3 Gifts. grants, contributions. membership fees received. (Do not 108,814 105,800 98,534 101,258 103,272 517, 218 include any "unusual grants.") . . . 2 revenues levied organization's benefit and either paid 0 v D 0 0 0 to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the 4,100 30,000 6,000 6,000 6,000 organization without charge 6,000 4 Total. Add lines 1 through 3. . . . 114,814 111,818 107, 458 109,272 109,534 547, 718 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on D line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 547,218 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 - 🕏 (b) 2009 ~/D (c) 2010-// (d) 2011 -/ (e) 2012 -/3 (f) Total 7 Amounts from line 4 114,814 111,800 107,258 109,272 104,534 547,718 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 80 44 1,032 648 161 94 sources Net income from unrelated business activities, whether or not the business 0 U 0 0 is regularly carried on 0 Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 O (Explain in Part IV.) 11 Total support. Add lines 7 through 10 548,750 Gross receipts from related activities, etc. (see instructions) 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 15 16

	on or compatation of rabile cupport referrings			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	19.8	%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	99.6	%
16a b	331/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331 box and stop here. The organization qualifies as a publicly supported organization	 15 is	r more, check this	
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box are Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	d sto as a p	p here. Explain in bublicly supported	
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	ıs bo n qua	x and stop here.	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec instructions	k this		
			_	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Name of the organization	Em	ployer identification number
TARBAT COVATA ARTS COVACIL	INE-	52-1532573
1. REF FORM 990, PORT VI, SE		
425, copy of FORM PONVID		
EXELVTIVE COMMITTEE OF B		
MENTEW. TOLASVIEW MOKES		
BEHAVE UF COMMITTER, B		
REVIEW COMPLETED 1/PS 9:		
<u></u>		
e. REX FORM SSO, PORT VI	55C C, 19	r :
UEBSITE (WWV. TANBOT ANTS. ONL		
THAT GOVERNING DOCUMENTS, CON		
AND FINANCIAN STATEMENTS C	INCLUDING A	DST RECENT
IRS 950) AME AVAILABLE		
MaguesT:		