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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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

OMB No 1545-0047

and ending JUN 30, 2012 A For the 2012 calendar year, or tax year beginning JUL 1, D Employer identification number Check if applicable C Name of organization YOKNAPATAPHA ARTS COUNCIL INC Name change 64-0658038 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 6622366429 Termin-P. O. BOX 544 Amended City, town, or post office, state, and ZIP code Applica-OXFORD, MS 38655 H(a) Is this a group return pending F Name and address of principal officer WAYNE ANDREWS Yes X No for affiliates? same as C above H(b) Are all affiliates included? I Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or ¹ If "No," attach a list (see instructions) J Website: ▶ www.oxfordarts.com H(c) Group exemption number ▶ K Form of organization. X Corporation Other > L Year of formation: 1980 M State of legal domicile MS Association Part I Summary Briefly describe the organization's mission or most significant activities: To access, celebrate and promote the arts with all of the City of Oxford and Lafayette County, 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 12 3 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> 4 Number of independent voting members of the governing body (Part VI, line 1b) ٥ŏ ō 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  $\overline{0}$ 6 Total number of volunteers (estimate if necessary) 105060. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line-34 **Current Year Prior Year** 114948. 176912. Contributions and grants (Part VIII, line 1h) 67531. Ñ 77804. Program service revenue (Part VIII, line 2g)

Investment income (Part VIII, column (A), lines 3,74, and 7d) I 8 2014 128. 57. 110580. 133263. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 303460 377763. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (12) 8896. 24159 Grants and similar amounts paid (Part IX, column-(A),-lines-1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 98918. 104730. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 46765. **b** Total fundraising expenses (Part IX, column (D), line 25) 219684. 199137 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 333310. 322214. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -18754.44453. 19 Revenue less expenses. Subtract line 18 from line 12 Ses **Beginning of Current Year End of Year** 702894. 747474. 20 Total assets (Part X, line 16) 1944. 2071. 21 Total liabilities (Part X, line 26) 700950. 745403. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign WAYNE ANDREWS, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name **№**00357176 02/08/14 Paid E EDWIN AUNE Prenarer Firm's name Aune CPA Firm Firm's EIN 64-0729284 Firm's address 829 North Lamar, Use Only Oxford, MS 38655 662-281-8900

> LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

199632.

Total program service expenses ▶

Part IV 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		₹.
_	Schedule D, Part III	_8_		<u> </u>
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			х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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, VIII, 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	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4.46		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
12.0	Schedule D, Parts XI and XII	12a		Х
ь	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	:	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	.0	-	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	990	20040

Form 990 (2012) YOKNAPATAPHA ARTS
Part IV 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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			3.5
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			v
	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	240		х
L	Schedule K. If "No", go to line 25	24a 24b		
	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	240		
C	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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		X
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	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,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ł	х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L.	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
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	X	<u> </u>
		Form	990	(2012)

64-0658038 YOKNAPATAPHA ARTS COUNCIL INC Page 5 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Х 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? 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 7d d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 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

. 0

13b 13c

Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Section 501(c)(29) qualified nonprofit health insurance issuers.

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a X

13a

Form **990** (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					<u>IX</u>
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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.					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X
4	$\label{eq:decomposition} Did the organization make any significant changes to its governing documents since the prior Form \\$		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			7.
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		37	
а	The governing body?			8a	X	
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 re-	ached	at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code )			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?	L	65 1 4	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	napter	s, aπiliates,	405		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	du bofo	ro filing the form?	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	by beic	re ming the form?	11a		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
С	in Schedule O how this was done	, 00, 0		12c		х
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent	T T		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a		'	
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıc	n's	1		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, an	d finai	ncial	
	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 a	and red	ords of the organiza	tion 🕽	_	
	A B & C SERVICES - 662-234-8528					
23200	1107 JEFFERSON AVENUE, OXFORD, MS 38655			F	. 000	(0010)
12-10	12			Forn	1 <del>99</del> 0	(2012)

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

Check if Schedule O contains a response to any question in this Part VII

#### 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	on nor any related	orga	nıza	tion	cor	nper	ısat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (C				(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	ition more	than (	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week		eran	uau	recto	17445	iee,	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	93			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		)   8	Suadi		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ıonal		ploy	L COT				organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highesl compensated employee	Former			organizations
(1) Alan Alexander	0.00							_		
Director		Х						0.	0.	0.
(2) Joe Ann Allen	0.00				ł	ŀ		_	_	_
Director		X						0.	0.	0.
(3) Ricky Burkhead	0.00							_		
Director		Х						0.	0.	0.
(4) Stella Conner	0.00									
Director		Х			L.			0.	0.	0.
(5) Walt Davis	0.00									•
Treasurer		Х	L.	Х		<u> </u>		0.	0.	0.
(6) Deborah Jones	0.00					1				•
Director		Х		_	_	<u> </u>		0.	0.	0.
(7) Ken McGraw	0.00									
Director		X	<u> </u>	_	_	<u> </u>	_	0.	0.	0.
(8) Camille Mitchell	0.00	,,						0.	0.	^
Director		X	$\vdash$	<u> </u>	<u> </u>	$\vdash$	-	- 0.	- 0.	0.
(9) Bradley Rayner	0.00	١								,
Director		X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.
(10) Thurston E Wilkes III	0.00	₩.		x				0.	0.	0.
President	0.00	X		_	-	├	-	ļ- · ·	0.	0.
(11) David Woolworth	0.00	X		x				0.	0.	0.
Vice-President (12) Wayne Andrews	40.00	^	⊢	^	┢	├	├	· · ·		
Executive Director	40.00	X			l		l	0.	0.	0.
Executive Director	_	^	$\vdash$	⊢	⊢	+	1-	<del> </del>		- 0.
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Fai	Section A. Officers, Directors, Trus	tees, Key Em	pioy	<u>/ees</u>	, an	<u>a H</u>	ıgne	St C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average			(Pos	C) ation	1		( <b>D)</b> Reportable	(E) Reportable		Ec	(F) timate	ď
	Name and the	hours per	box	, unle	ss pe	erson	than is bot	h an	compensation	compensation			nount (	
		week (list any	$\vdash$	cer ar	no a o	irect	or/trus	stee)	from the	from related			other	tion
		hours for	r director				DE C		organization	organization (W-2/1099-MI			pensa om the	
		related organizations	ustee o	trustee		60	pensal		(W-2/1099-MISC)			_	anızatı	
		below	Individual trustee or	Institutional trustee	<u></u>	Key employee	Highest compensate employee	- E					d relate Inizatio	
		line)	a pul	Instit	Officer	Key e	를 를 들	Former						
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	Sub-total  Total from continuation sheets to Part V	II Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on	[			-110
	line 1a? If "Yes," complete Schedule J for s	uch individual				·	•			, ,		3		Х
4	For any individual listed on line 1a, is the su	•							•	the organization				х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for services		4	$\longrightarrow$	
	rendered to the organization? If "Yes," com	=					_		.oo orgamization or mark			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	-								npens	ation f	rom	
	(A)	the calendar y	Cai	GHUI	ing v	WILLI	OI VI	711111	(B)	year.		(C	;)	
	Name and business	address	N	INC	E				Description of s	services	C		nsatio	n
		<del></del>			—			$\dashv$						
								_	-	<u>.</u>				
	Total number of independent contractors (	includina but r	not li	mite	ed to	the	se li	ster	d above) who received r	nore than				
	\$100,000 of compensation from the organ						0						_	
	-								-				<u> </u>	2040

232008 12-10-12 Form **990** (2012)

Form 990 (2012) YOKNAPA
Part VIII Statement of Revenue

Total revenue				Check if Schedule O contains a res	oonse i	to any question i	n this Part VIII			
2 a Ticket sales and fees				Shook ii Goriodalo G containo a tos			(A)	Related or exempt function	Unrelated business	from tax under sections 512.
2 a Ticket sales and fees	nts nts	1	а	Federated campaigns	la					
2 a Ticket sales and fees	ir a		b	Membership dues	lb	24761.				
2 a Ticket sales and fees	اغ پُر			· · · · · · · · · · · · · · · · · · ·	Ic					
2 a Ticket sales and fees	# %			- · · · · · · · · ·						
2 a Ticket sales and fees	9					73500.				
2 a Ticket sales and fees	Sig			• · · · · · · · · · · · · · · · · · · ·						
2 a Ticket sales and fees	声		•		ا ء،	78651				
2 a Ticket sales and fees	불리		_	L	··					
2 a Ticket sales and fees	Sel		•	<del></del>			176912.			
2 a Ticket sales and fees b  d  d  d  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  d  d  d  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and fees b  f All other program service revenue g Total. Add lines 2a 21  a Ticket sales and 5a 25  b  f All other program service revenue g Total. Add lines 1a 21  a Ticket sales and 5a 25  b  f All other program service revenue g Total. Add lines 1a 21  b Ticket sales and 5a 25  f All other revenue.  f All other program service revenue g Total. Add lines 1a 21  b Ticket sales and 5a 25  f All other revenue.  f All other revenue. g Total. Add lines 1a 21  b Ticket sales and 5a 25  f All other revenue.  f All other program service and other similar and 57  f All other revenue.  f All other program service and other similar and 57  f All other revenue.  f All other program service and other similar and 57  f All other revenue.  f All othe	<u> </u>		<del>''</del>	Total. Add liftes 1a-11		Business Code				
Section   Sect	o l	2	а	Ticket sales and fee	s	711300	67531.		67531.	
Total, Add lines 2a:21   67531.	Ş	_								
Total, Add lines 2a:21   67531.	Ser									
Total, Add lines 2a:21   67531.	E S									
Total, Add lines 2a:21   67531.	P.S.									
Total, Add lines 2a:21   67531.	윤			All other program convey revenue						
3	_			. •			67531			
Other similar amounts	-		y		ıntere	et and	0,3311			
A   Income from Investment of tax-exempt bond proceeds   Sevalutes   (i) Real   (ii) Personal   95791.		٠		, ,	, intorc	.o., and	57.		57.	
Second   S		4		•	nond n	roceeds				
1964   1979				·	Jona p	loccous			_	
Second   S	1	٦		· · · · · · · · · · · · · · · · · · ·	val.	(u) Parsonal				
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c Net income or (loss) from sales of inventory         Miscellaneous Revenue         11 a Merchandise Sales       453000       28143.       28143.         b Other       900099       4938.       4938.         c Makers Market Artist S       453000       4391.       4391.         d All other revenue       37472.       37472.         12 Total revenue. See instructions.       377763.       0. 105060.       95791.			_			-				
Miscellaneous Revenue         Business Code           11 a         Merchandise Sales         453000         28143.           b         Other         900099         4938.         4938.           c         Makers Market Artist S         453000         4391.         4391.           d         All other revenue         37472.         37472.           12         Total revenue. See instructions.         377763.         0. 105060.         95791.				_	_			İ		
11 a   Merchandise Sales   453000   28143.   28143.     28143.		$\vdash$	С		tory	Business Code				<u> </u>
b Other c Makers Market Artist S d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  900099 4938. 4938. 4391. 4391.  137472.  37472.  377763. 0. 105060. 95791.		44	_	34 1. 3			28143		28143	
c Makers Market Artist S       453000       4391.       4391.         d All other revenue       • Total. Add lines 11a-11d       ▶ 37472.         12 Total revenue. See instructions.       ▶ 377763.       0. 105060.       95791.		''						<del> </del>		
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  → 37472.  → 377763.  → 377763.  0 105060.  95791.										<del>                                     </del>
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  → 37472.  → 377763.  → 105060.  95791.						155000	=371.		<del>-</del>	
12 Total revenue. See instructions. > 377763. 0. 105060. 95791.							37472			<u> </u>
		40						0.	105060.	95791.
13.10.13	23200			TOTAL TETERIDE. OCC IIISH DELIUNS.			3,7,03.			Form <b>990</b> (2012)

Form 990 (2012) YOKNAPATAPHA A
Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			ompiete column (A)	X
	- <del></del>	(Å)	(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		скропосо	goneral expenses	САРСПОСО
•	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22	8896.	8896.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	54924.	13731.	23068.	18125.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39037.	25842.	11546.	1649.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3548.	887.	1490.	1171.
10	Payroll taxes	7221.	3041.	2660.	1520.
11	Fees for services (non-employees):				
а	Management	<del></del>	<del> </del>		
b	Legal	<del></del>			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	19655.	9613.	9965.	77.
	column (A) amount, list line 11g expenses on Sch O.)	4697.	2716.	1200.	781.
12	Advertising and promotion	4037.	2/10.	1200.	701.
13	Office expenses			-	
14	Information technology				<del></del>
15	Royalties	<del>-</del>			
16 17	Occupancy Travel	812.	746.	66.	
18	Payments of travel or entertainment expenses	0121	, 100		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	*			_
20	Interest		· <u>-</u>		_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26427.	11130.	9735.	5562.
23	Insurance	4857.	2046.	1789.	1022.
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.)				
а	ARTIST & MUSICIAN FEES	59562.	58503.		1059.
b	SUPPLIES	23593.	15708.	5567.	2318.
С	UTILITIES	18087.	7618.	6663.	3806.
d	EQUIPMENT RENTAL & MAIN	11657.	10891.	264.	502.
е	All other expenses See Sch O	50337.	28264.	12900.	9173.
25	Total functional expenses. Add lines 1 through 24e	333310.	199632.	86913.	46765.
26	Joint costs Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 77369. 113653. Cash - non interest-bearing 79834. 19154. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net R Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 768871. basis Complete Part VI of Schedule D 10a 154204. 545691. 614667. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 702894. 747474. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1944. 2071. Schedule D 1944. 2071.26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 620950. 726249. 27 27 Unrestricted net assets 80000. 19154. Temporanly restricted net assets 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

Form 990 (2012)

745403.

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700950.

702894.

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and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2012)

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Act and OMB Circular A-133?

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

Department of the Treasury

**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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** YOKNAPATAPHA ARTS COUNCIL INC 64-0658038 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Non-functionally integrated c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the (v) Did you notify the (iv) Is the organization (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? support organization governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No Yes No LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012

232021

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2012 YOKNAPATAPHA ARTS COUNCIL INC 64-06580 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)

Se	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")	163151.	116331.	153643.	114948.		548073.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	<u> </u>					
	the organization without charge						
4	Total. Add lines 1 through 3	163151.	116331.	153643.	114948.		548073.
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)						
	Public support. Subtract line 5 from line 4			i	<u>.</u>		548073.
Se	ction B. Total Support		- T	<del></del>			
Cale	endar 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	163151.	116331.	153643.	114948.		548073.
8	Gross income from interest,						
	dividends, payments received on				!		
	securities loans, rents, royalties	60070	62426	00040	05356		200007
	and income from similar sources	69072.	63436.	80343.	85376.		298227.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						046300
11	Total support. Add lines 7 through 10						846300.
12	•	•	•			12	254779.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				<b>P</b>
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	64.76 %
	Public support percentage from 2011					15	69.38 %
16	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
ı	33 1/3% support test - 2011. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶└
178	a 10% -facts-and-circumstances tes	t - <b>2012.</b> If the org	anization did not o	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt IV how the orga	anization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		▶□
1	o 10% -facts-and-circumstances tes	t - <b>2011.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	n in Part IV how th	ne
	organization meets the "facts-and-cire	cumstances" test	The organization of	qualifies as a public	cly supported org	anızatıon	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructio	ns D
					Sche	edule A (Form 99	0 or 990-EZ) 2012

# Schedule A (Form 990 or 990 EZ) 2012 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.)

Sec	ction A. Public Support	iow, please com	piete Fart II )				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	<b>1-7</b> ====	<b>\(\frac{1}{2}\)</b>	1			
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					•	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
_8_	Public support (Subtract line 7¢ from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here	<b>J</b>	,	,	•		
Se	ction C. Computation of Publi	c Support Po	ercentage				
15	Public support percentage for 2012 (li	ne 8, column (f)	divided by line 13,	column (f))		15	9/
16	Public support percentage from 2011					16	%
Se	ction D. Computation of Inves			!			
17	Investment income percentage for 20	12 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))	-	17	9/
18	Investment income percentage from 2	011 Schedule A	, Part III, line 17			18	9
	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	=					▶□
i	33 1/3% support tests - 2011. If the	•	-		•		and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			•		_	▶□
_	23 12-04-12			-		hedule A (Form 99	0 or 990-EZ) 201

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	YOKNAPATAPHA ARTS				64-0658038
Par	t I Organizations Maintaining Donor Advis	ed Funds o	r Other Similar Fu	nds or A	ccounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir				
		(a) Do	onor advised funds	(1	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 donor advisors in	writing that th	e assets held in donor a	dvised fund	ds
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor	_		n be used o	only
	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?				Yes No
Par		rganization ans	wered "Yes" to Form 99	90, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all	that apply)		
	Preservation of land for public use (e.g., recreation or			n historicall	y important land area
	Protection of natural habitat	,	Preservation of a		•
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	lified conservat	tion contribution in the f	orm of a co	nservation easement on the last
_	day of the tax year				
	,,				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic st	tructure includi	ed in (a)		2c
4	Number of conservation easements included in (c) acquired			ructure	
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, extino	uished, or terminated b	ı v the organ	
Ū	year >		,	,	<b>3</b>
4	Number of states where property subject to conservation e	asement is loca	ated ▶		
5	Does the organization have a written policy regarding the pe			of	
•	violations, and enforcement of the conservation easements		J, , ,	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		g conservation easemer	nts during tl	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		-		
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(ii)?	_			Yes No
9	In Part XIII, describe how the organization reports conserva	ition easement	s in its revenue and exp	ense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization				
	conservation easements				
Pa	t III Organizations Maintaining Collections	of Art, Histo	orical Treasures, c	r Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV,	line 8		
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not t	o report in its revenue s	tatement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, educ	ation, or research in furt	herance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these ite	ms		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to re	port in its revenue state	ment and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,				
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X				► \$ ► \$
2	If the organization received or held works of art, historical tr	reasures, or oth	ner sımılar assets for fina	ancial gain,	
=	the following amounts required to be reported under SFAS				
а	Revenues included in Form 990, Part VIII, line 1	•	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X				► \$ ► \$

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Schedule D (Form 990) 2012

che	dule D (Form 990) 2012 YOKNAPA	TAPHA ARTS	COU	NCIL I	NC		64-	-06 <u>58</u>	038	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Othe	er Similar A	\ssets(c	ontınue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	cany of the	following that	t are a s	ignificant use	of its colle	ection it	ems
	(check all that apply):									
а	Public exhibition	(	, [	Loan or exc	hange progra	ıms				
b	Scholarly research	•	• []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ey further t	he organizatio	on's exe	mpt purpose ı	n Part XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er sımılaı	r assets		r	<del></del>
	to be sold to raise funds rather than to be m							Ye		No
<u>Par</u>	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to	Form 990, Pai	rt IV, line 9	∋, or	
_	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as:	sets not	ıncluded		_	
	on Form 990, Part X?							Y€	es L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	able						
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance						1f		—	
	Did the organization include an amount on F							∟ Y€	∍s L	—  No
	If "Yes," explain the arrangement in Part XIII									
ar	t V Endowment Funds. Complete									
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three years	Dack (e)	Four yea	ars back
	Beginning of year balance			<del></del> -	<del> </del>			-		
b	Contributions				<del> </del>			-		
С	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships		<del> </del>		1					
е	Other expenditures for facilities									
	and programs				-		<del></del>			
f	Administrative expenses		ļ .		<del> </del>			-		
g	End of year balance		<u> </u>	<del></del>	<u>L</u>					
2	Provide the estimated percentage of the cur	rent year end balan		g, column (	a)) held as					
а	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c show						L			
За	Are there endowment funds not in the posses.	ession of the organiz	zation tha	at are neid a	ana aaministe	rea for t	ne organizatio	ιп	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	by							٦	Ye	s No
	(i) unrelated organizations								a(ı)	+
	(ii) related organizations		0	- I- D0					a(II)	+
_	If "Yes" to 3a(ii), are the related organization	•						نا	3b ]	
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn									
aı	<del></del>	(a) Cost or			t or other	(a) A	ccumulated	1 (4)	Book va	aluo.
	Description of property	basis (invest			(other)		preciation	(u)	DOOK V	alue
10	Land	22313 (1111031		54515			p. 2014.1011	+		
_	Land			F	19018.		107381		511	637
b	Buildings				, 1 , 0 1 0 0		101301	+		
C	Leasehold improvements			1	49853.		46823		102	3030
d	Equipment				. 20000			+		, 0 3 0
e	Other	aud Form 000 D	t V 55!	nn (P) !	10(c) )	······································		+	617	667
Γotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colur	nn (B), line	10(c))		Sch	edule D (	614 Form 9	

12-10-12

(5)(6)(7) (8)(9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X | Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL TAXES PAYABLE	2071.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
_(10)		
(11)		
Total. (	Column (b) must equal Form 990, Part X, col (B) line 25)	2071.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

SCHEDULE			7	400				OMB No 1545-0047
(Form 990)			Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	in the United Star	s, tes		2012
Department of the Treasury		Comply	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	n answered "Yes"	' to Form 990, Par	rt IV, line 21 or 22.		Open to Public
nternal Revenue Service				► Attach to Form 990.	m 990.			Inspection
Name of the organization	on YOKNAPATAPHA ARTS		COUNCIL INC				1	Employer identification number $64-0658038$
Part I General In	General Information on Grants and Assistance							
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	[
criteria used to a	criteria used to award the grants or assistance?	ce?						X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring the use of grant	funds in the United	d States			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	vernments and	1 Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part l	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	000 Part II can	be duplicated if additi	ional space is need	Jed			
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	( <b>p</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

Schedule I (Form 990) (2012)	structions for Form 990.	LHA For Paperwork Reduction Act Notice, see the Instructions for Fc
•	e line 1 table	3 Enter total number of other organizations listed in the line 1 table
<b>A</b>	ent organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and government organizations

Page 2

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2012)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

**Employer** identification number Name of the organization YOKNAPATAPHA ARTS COUNCIL INC 64-0658038 Form 990, Part I, Line 1, Description of Organization Mission: Mississippi Form 990, Part VI, Section B, line 11: Form 990 is reviewed by the Executive Director and President before signing and filing. Notice of the filing is made to each Board Member and a copy of the return is made available to any Board Member upon request. Form 990, Part VI, Section B, line 12: Conflicts of interest are required to be disclosed immediately when any conflict arises. Form 990, Part VI, Section C, Line 19: Available for inspection at the organization's office during regular business hours upon request. Form 990, Part IX, Line 24e, All Other Functional Expenses: **GALLERY STORE:** Program service expenses 5278. Management and general expenses 531. 3544. Fundraising expenses 9353. Total expenses CLEANING & MAINTENANCE: 3308. Program service expenses 2893. Management and general expenses Fundraising expenses 1653. 7854. Total\_expenses

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Employer identification number 64-0658038
YOKNAPATAPHA ARTS COUNCIL INC	, 04-0030036
PRINTING:	
Program service expenses	6671.
Management and general expenses	386.
Fundraising expenses	581.
Total expenses	7638.
HOSPITALITY:	
Program service expenses	5946.
Management and general expenses	316.
Fundraising expenses	751.
Total expenses	7013.
TELEPHONE:	
Program service expenses	2269.
Management and general expenses	1985.
Fundraising expenses	1134.
Total expenses	5388.
POSTAGE & DELIVERY:	
Program service expenses	1131.
Management and general expenses	1324.
Fundraising expenses	1417.
Total expenses	3872.
BANK & CREDIT CARD FEES:	
Program service expenses	140.
Management and general expenses	2046. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Page 2  Employer identification number
YOKNAPATAPHA ARTS COUNCIL INC	64-0658038
Fundraising expenses	12.
Total expenses	2198.
DUES & SUBSCRIPTIONS:	
Program service expenses	513.
Management and general expenses	1217.
Fundraising expenses	0.
Total expenses	1730.
PROGRAM FEES:	
Program service expenses	1405.
Management and general expenses	4.
Fundraising expenses	0.
Total expenses	1409.
SECURITY:	
Program service expenses	856.
Management and general expenses	487.
Fundraising expenses	0.
Total expenses	1343.
MISCELLANEOUS:	
Program service expenses	435.
Management and general expenses	647.
Fundraising expenses	81.
Total expenses	1163.
SALES TAX:	
232212 01-04-13 2 9	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Employer identification number
YOKNAPATAPHA ARTS COUNCIL INC	64-0658038
Program service expenses	0.
Management and general expenses	1064.
Fundraising expenses	0.
Total expenses	1064.
GIFTS AND AWARDS:	
Program service expenses	312.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	312.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 50337.
	<u> </u>

#### Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$ ightharpoonup \left[ X \right]$
•	are filing for an Additional (Not Automatic) 3-Month Ex	-		hıs form)		- — <del>-</del>
	complete Part II unless you have already been granted				rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time	e to file (6	months for	a corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page					
	w irs gov/efile and click on e-file for Charities & Nonprofits		(000 1101120112112)			,
Part I			submit original (no copies nee	eded)		<del></del>
	ration required to file Form 990-T and requesting an autor					
Part I or	•					
	corporations (including 1120-C filers), partnerships, REM	IICs and t	rusts must use Form 7004 to reques	t an exten	sion of time	<b>-</b>
	come tax returns	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	radio made add r dim r dd r id rd qued		0.07. 07 10	
Tuna or	Name of exampt organization or other files, see instru	ictions		Employer	dentification	n number (EIN) or
Type or	Name of exempt organization or other filer, see instru	ictions		Litipioyei	Identification	Thamber (Lity) or
print	YOKNAPATAPHA ARTS COUNCIL INC				64-06	58038
File by the	the National Advantage of the DO have no protructions			Capalaa		
due date fo filing your	P. O. BOX 544	ee instruc	tions	Social se	curity numbe	er (2214)
return See	ne 11 01 2011 311					
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions OXFORD, MS 38655					
	OAFORD, MS 30033					
						0 1
Enter th	e Return code for the return that this application is for (file	e a separa	ite application for each return)			
		Τ	I			15:
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99		04	Form 5227			10
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	A B & C SERVIC		THE OVERDED MG 30	<i>C</i>		
• The l	pooks are in the care of $\blacktriangleright$ 1107 JEFFERSON	AVEN		000		
	ohone No ▶ 662-234-8528		FAX No ▶	-		. $\square$
	organization does not have an office or place of busines					
	s is for a Group Return, enter the organization's four digit	٦.				
box 🕨	. If it is for part of the group, check this box		•		ers the exter	ision is for
<b>1</b> 1:	equest an automatic 3-month (6 months for a corporation				_	
_	February 15, 2014, to file the exemp	ot organiza	ition return for the organization name	ed above	The extension	n
IS	for the organization's return for:					
<b>&gt;</b>	calendar year or		TTTY 20 2012			
<b>&gt;</b>	X tax year beginning JUL 1, 2012	, an	nd ending JUN 30, 2013		<u>.</u> .	
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	son.	Fınal retur	n	
L	Change in accounting period					
					1	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			_
	stimated tax payments made Include any pnor year over			3b	\$	0.
c B	alance due. Subtract line 3b from line 3a Include your pa	ayment wi	th this form, if required,			_
	y using EFTPS (Electronic Federal Tax Payment System)			3с	\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F	orm 8879	EO for paym	ent instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see ınstr	ructions.		Form 8	868 (Rev 1-2013)

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