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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990 EZ and its instructions is at www.irs.gov/form990

A For the 2013 calendar year or tax year beginning 2013 and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Centre For Arts & Artists		D Employer identification number 38 3746921
	Number and street (or P O box if mail is not delivered to street address) Room/suite 501 W 5th St N PO Box 5		E Telephone number 641 792 1391
	City or town state or province country and ZIP or foreign postal code Newton, IA 50208		F Group Exemption Number ▶
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

I Website ▶ www.centreforartsandartists.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

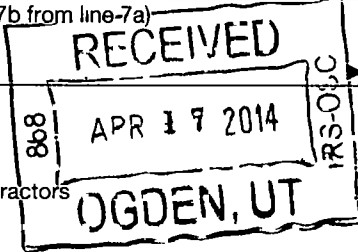
H Check if the organization is not required to attach Schedule B (Form 990 990 EZ or 990 PF)

K Form of organization Corporation Trust Association Other

L Add lines 5b 6c and 7b to line 9 to determine gross receipts. If gross receipts are \$200 000 or more or if total assets (Part II column (B) below) are \$500 000 or more file Form 990 instead of Form 990 EZ ▶ \$ **60,703**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions gifts grants and similar amounts received	1	25 800
	2 Program service revenue including government fees and contracts	2	2 300
	3 Membership dues and assessments	3	
	4 Investment income	4	367
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15 000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15 000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line-7a)	7c		
8 Other revenue (describe in Schedule O)	8	32 236	
9 Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	9	60 703	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries other compensation and employee benefits	12	13 819
	13 Professional fees and other payments to independent contractors	13	4 513
	14 Occupancy rent utilities and maintenance	14	42 262
	15 Printing publications postage and shipping	15	674
	16 Other expenses (describe in Schedule O)	16	2 362
	17 Total expenses Add lines 10 through 16	17	63 650
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2 947)	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end of-year figure reported on prior year's return)	19	135 398
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	132,451



SCANNED MAY 13 2014

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash savings and investments	61,317	64,611
23 Land and buildings	216,560	216,560
24 Other assets (describe in Schedule O)		
25 Total assets	277,877	281,171
26 Total liabilities (describe in Schedule O)	142,479	148,720
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,398	132,451

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Education and cultural purposes

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts (optional for others))

28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Jack Topp President	2	0	0	0
Herman Deaton Vice President	2	0	0	0
Terri Ayres Secretary	2	0	0	0
Stefanie Squire Treasurer	2	0	0	0
Linda Klepinger Executive Director	20	11,337	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
35b	If Yes to line 35a, has the organization filed a Form 990-T for the year? If No provide an explanation in Schedule O		✓
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
38b	If Yes complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	a. Initiation fees and capital contributions included on line 9		
39b	b. Gross receipts included on line 9 for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ section 4912 ▶ _____ section 4955 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes complete Schedule L, Part I		✓
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ <u>Iowa</u>		
42a	The organization's books are in care of ▶ <u>Stefanie Squire</u> Telephone no ▶ <u>641 521 5911</u> Located at ▶ <u>Newton IA</u> ZIP + 4 ▶ <u>50208</u>		
42b	b. At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
42c	c. At any time during the calendar year did the organization maintain an office outside the U.S.? If Yes enter the name of the foreign country ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990-EZ		✓
44b	b. Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990-EZ		✓
44c	c. Did the organization receive any payments for indoor tanning services during the year?		✓
44d	d. If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	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 Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

	Yes	No
46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes' complete Schedule C Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Stefanie Squire</i> Type or print name and title: <i>Stefanie Squire, Treasurer</i>	Date: <i>4-10-14</i>
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Paid Preparer Use Only	Print/Type preparer's name: <i>Ann Ratliff</i>	Preparer's signature: <i>Ann Ratliff</i>	Date: <i>4-5-14</i>	Check <input type="checkbox"/> if self-employed	PTIN: <i>P00081431</i>
	Firm's name: <i>H & R Block</i>	Firm's EIN: <i>42-1340437</i>		Phone no: <i>641-792-1100</i>	
	Firm's address: <i>115 1st Ave W Newton IA 50208</i>				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No