

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARTS COUNCIL OF NORTHEAST TARRANT COUNTY Doing Business As		D Employer identification number 75-1586473
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 210816	E Telephone number 817/283-3406	
	City, town, or post office, state, and ZIP code BEDFORD, TX 76095-7816		G Gross receipts \$ 645,647.
	F Name and address of principal officer: PO BOX 210816, BEDFORD, TX 76095		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ARTSCOUNCILNORTHEAST.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1975 **M State of legal domicile:** TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE THE COMMUNITY WITH A BETTER UNDERSTANDING OF THE PERFORMING ARTS.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 26
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 2
	6 Total number of volunteers (estimate if necessary)	6 179
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 304,223. Current Year 577,594.
	9 Program service revenue (Part VIII, line 2g)	22,599. 23,822.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16. 7.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,528. <198,140.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,366. 403,283.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,668. 29,649.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,692. 116,619.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 43,408.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,698. 202,337.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	348,058. 348,605.
19 Revenue less expenses. Subtract line 18 from line 12	<13,692.> 54,678.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 120,780. End of Year 152,722.
	21 Total liabilities (Part X, line 26)	28,349. 5,613.
	22 Net assets or fund balances. Subtract line 21 from line 20	92,431. 147,109.

Part II Signature Block

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	Date			
	TAXPAYER COPY	8/14/13			
Paid Preparer Use Only	Print/Type preparer's name PAULA K. JEFFERSON	Preparer's signature <i>Paula K Jefferson, CPA</i>	Date 8/14/13	Check if self-employed <input type="checkbox"/>	PTIN P01225268
	Firm's name JEFFERSON HARMON & ASSOCIATES, P.C.	Firm's EIN 75-2323560	Firm's address 840 THOUSAND OAKS DRIVE HURST, TX 76054	Phone no. (817) 355-9292	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No