

**Short Form
Return of Organization Exempt From Income Tax**

2007

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax-year beginning , 2007, and ending ,							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization Wayne County Arts Alliance</td> <td style="width:45%;">D Employer identification number 56-2312185</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) 742 Main Street</td> <td>E Telephone number (570) 253-6850</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Honesdale PA 18431</td> <td>F Group Exemption Number</td> </tr> </table>	C Name of organization Wayne County Arts Alliance	D Employer identification number 56-2312185	Number and street (or P.O. box, if mail is not delivered to street address) 742 Main Street	E Telephone number (570) 253-6850	City or town, state or country, and ZIP + 4 Honesdale PA 18431	F Group Exemption Number
C Name of organization Wayne County Arts Alliance	D Employer identification number 56-2312185						
Number and street (or P.O. box, if mail is not delivered to street address) 742 Main Street	E Telephone number (570) 253-6850						
City or town, state or country, and ZIP + 4 Honesdale PA 18431	F Group Exemption Number						

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ N/A	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 64,090.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)		
	1 Contributions, gifts, grants, and similar amounts received	19,148.
	2 Program service revenue including government fees and contracts	37,676.
	3 Membership dues and assessments	7,266.
	4 Investment income	
REVENUE	5a Gross amount from sale of assets other than inventory	
	5b Less: cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched)	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b Less: direct expenses other than fundraising expenses	
	6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	
	7a Gross sales of inventory, less returns and allowances	
	7b Less: cost of goods sold	
	7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	
	8 Other revenue (describe ▶ _____)	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	64,090.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	17,821.
	13 Professional fees and other payments to independent contractors	3,951.
	14 Occupancy, rent, utilities, and maintenance	11,216.
	15 Printing, publications, postage, and shipping	
	16 Other expenses (describe ▶ See Other Expenses Statement)	39,821.
	17 Total expenses (add lines 10 through 16)	72,809.
	18 Excess or (deficit) for the year. Subtract line 17 from line 9	-8,719.
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)	31,249.
	20 Other changes in net assets or fund balances (attach explanation)	155.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	22,685.

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,217.	20,264.
23 Land and buildings	2,872.	2,261.
24 Other assets (describe ▶ Security Deposit)	160.	160.
25 Total assets	31,249.	22,685.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,249.	22,685.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Organize Open Studio Tour - Free to Public
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	<u>Free art exhibits throughout the entire community Free to the public art exhibits and bus trips to art venues.</u>		
	(Grants \$ <u>3,690.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	33,318.
29	<u>Run a writers conference, short reading program, and writing workshops</u>		
	(Grants \$ <u>4,910.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	4,910.
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses. Add lines 28a through 31a	32	38,228.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

Part V Other Information (Note the statement requirement in the instructions.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b Did the organization file Form 1120-POL for this year?		X
38 a 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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved		N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40 b		X
40 c		
40 d		
40 e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶ _____

41 List the states with which a copy of this return is filed ▶ Pennsylvania

42 a The books are in care of ▶ Tamara Murray Telephone no. ▶ (570) 253-6850
 Located at ▶ 742 Main Str ET ZIP + 4 ▶ 18431

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: ▶ _____

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of 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
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

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.

Please Sign Here

▶ Thomas A. Repasch | 8-14-08
 Signature of officer Date
 ▶ Thomas A. Repasch, Treasurer
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ William B. McAllister Date 08/14/08 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ W. B. McAllister, CPA
114 Eleventh Street EIN ▶ _____
Honesdale PA 18431 Phone no. ▶ (570) 253-5005

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	611.
Misc	982.
Program Expenses	38,228.
Total	39,821.

Form 990-EZ, Page 2, Part IV

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Suzanne Putzi 742 Main St Honesdale PA 18431	Acting Pres. 20.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Suzanne Putzi 742 Main St Honesdale PA 18431	1st VP 20.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Tom Repache 742 Main St Honesdale PA 18431	Treasurer 10.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Donie Schmidt 742 Main St Honesdale PA 18431	Secretary 10.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Tamara Murray 643 Park St Honesdale PA 18431	Exec. Dir 35.00	21,772.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Board Members as per Attached List	N/A 0.00	0.	0.	0.

Wayne County Arts Alliance
Board Members
As of Aug. 14th, 2008

Executive Committee:

Suzanne Putzi: Acting President – 1st Vice-President
587 Cliff Street
Honesdale, PA 18431
570-251-7888

Cherie Matthews: 2nd Vice-President
HC 1 Box 1886
Tafton, PA 18464
226-2506

Donie Schmidt: Secretary
735 Bethany Turnpike
Honesdale, PA 18431
253-5788

Tom Repasch: Treasurer
907 Laurel Circle
Lakeville, PA 18438
226-3823

Board Members

Pete Arnold
573 Niagara Circle
Pleasant Mount, PA 18453
44-3220

Collette Ballew
485 Conklin Hill Road
Damascus, PA 18415
224-6387

Steve Bleier
170 Cadwalder Rd.
Honesdale, PA 18431
488-9123

Michael Caggiano
3 Laurel Hill Estates
Honesdale, PA 18431

251-9948

Wayne County Arts Alliance

Board Members:

Michelle Erbach
52 Village Road
Beach Lake, PA 18405
729-8025

Roger Hill
1162 Bethany Turnpike
Honesdale, PA. 18431
253-0357

Michel Legrand
1749 Cochection Turnpike
Honesdale, PA. 18415
224-4545



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: July 7, 2008

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Taxpayer Identification Number:
56-2312185
Tax Form: 990
Tax Period: December 31, 2007

WAYNE COUNTY ARTS ALLIANCE
% ~~FRANCES GRUBER~~ Thomas Repasch
742 MAIN ST STE 210
HONESDALE PA 18431-1855996

84959

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)