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SCANNED JAN 0 8 2010

Form **990-EZ**

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	FOR TR Check if	he 2008 calendar year, or tax year beginning 101 1, 2008	and end			2009
D	applicat	ble Please C Name of Organization		DE	mployer i	dentification number
L	Addre	SOUTHEASTERN MINNESOTA ARTS COUNCI	L,			
	Name chang	print or INC.			41-1	<u>4175</u> 79
	Initia returi	Number and street (or P.O. box, if mail is not delivered to street address)	F	Room/suite E 1	elephone	number
	Term	nn- Specific 1610 14TH STREET אוע	2	106	(507)281-4848
一		nded trops City or town state or country and 7IP + 4			Group Exe	
F	Applic	ROCHESTER, MN 55901		I .	lumber >	
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a		G Accounting		
	- 560	Schedule A (Form 990 or 990-EZ).	completed	1		Oddii Accidal
_	Mahal			Other (spec		
		te: ► <u>WWW.SEMAC.ORG</u>		H Check ►		ne organization is not
		ization type (check only one) $X = X = X = X = X = X = X = X = X = X $				uie B (Form 990, 990-EZ, or 990-PF)
	Check	· · · · · · · · · · · · · · · · · · ·	ss receipts are	normally not mo	re than \$2	5,000. A return is not
		ed, but if the organization chooses to file a return, be sure to file a complete return.	 			
		ies 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 9	90 instead of Fo	rm 990-EZ	\$	331,204.
P	<u>art I</u>	Revenue, Expenses, and Changes in Net Assets or Fund E	Balances (S	See the instruction	ns for Par	t l.)
	1	Contributions, gifts, grants, and similar amounts received			1	327,978.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	627.
	5a		5a			
	Ь	· · · · · · · · · · · · · · · · · · ·	5b	-	-	
	-	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (atta			→ - - -	
ω	C		•		5c	
Ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount is fi	rom gaming, ci	neck nere	-	
Revenue	a	Gross revenue (not including \$ of contributions	. 1			
Œ			6a			
	þ	• • • • • • • • • • • • • • • • • • • •	6b		_	
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1		6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less; cost of goods sold	7b			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe MISCELLANEOUS INCOME) 8	2,599.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	331,204.
	10		TMT 4		10	186,935.
	11	Benefits paid to or for members			11	
Ø	12	Salaries, other compensation, and employee benefits			12	112,335.
Expenses	13	Professional fees and other payments to independent contractors			13	5,673.
Эeг		Occupancy, rent, utilities, and maintenance				10,448.
Ň	14	• • • •			14	
	15	Printing, publications, postage, and shipping			15	2,731.
	16		E STATE	WENT T) 16	26,043.
	17	Total expenses. Add lines 10 through 16			17	344,165.
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	<u><12,961.</u> >
set	19	Net assets or fund balances at pegiphing of year (from line 27, column (A))			1 1	
Net Assets		(must agree with end physical tighter reported on apport year's return)			19	<u>88,206.</u>
et	20	Other changes in net assets or fund balances (attack explanation)			20	
2	21_	Net assets or fund balances at end of year flombing lines 18 through 20		•	21	75,245.
Pi	art II		re, file Form 990) instead of Forn	1 990-EZ.	
		(See the instructions for Part II.)		Beginning of yea		(B) End of year
22	Cas	sh, savings, and investment DEN, U		88,96		71,521.
23	l an	nd and buildings		00,00	23	1110016
		er assets (describe	2	6,15		4,447.
24			- / 			
25		al assets	\ 	95,11		75,968.
26		al liabilities (describe ACCRUED PAYROLL LIABILITIES	— / 	6,91		723.
832		assets or fund balances (line 27 of column (B) must agree with line 21)		88,20	0 . 27	75,245.
12-	17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for i	Form 990.			Form 990-EZ (2008)

FORM 990-EZ (2008) INC.	· <u>.</u>	·	<u>41-</u>	141/5	79 Page 2
Part III Statement of Program Service Accomplishme		Part III.)			xpenses
What is the organization's primary exempt purpose? SEE STATEMEN				(Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In		escribe the services) trusts; optional
provided, the number of persons benefited, or other relevant information for each p	rogram title.	·		for others	.)
28 SEE STATEMENT 6					
(Grants \$ 186,935.) If this amount includes foreign	grants, check here	•		28a	301,471.
29					
				1	
(Grants \$) If this amount includes foreign	grants, check here			29a	
30					
(Grants \$) If this amount includes foreign	grants, check here	D		30a	
31 Other program services (attach schedule)	g.u.iiu) uiiouttioiu			1002	
(Grants \$) If this amount includes foreign	arante chack hara			31a	
32 Total program service expenses (add lines 28a through 31a)	grants, check here			32	301,471.
Part IV List of Officers, Directors, Trustees, and Key I	Employees, List coch and or	on if not componented	(See the	1 22 1	JUI , 4 / I .
1 41(1)		veri il not compensated		ontributions	
	(b) Title and average hours	(c) Compensation		employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred	other allowances
GCOMM ANDEDGON 1610 14MV GMDTHM ATV	DIDECTOR		COII	pensation	
SCOTT ANDERSON, 1610 14TH STREET NW,	DIRECTOR			•	
ROCHESTER, MN 55901	1.00	0.	<u> </u>	0.	0.
ANDREA COSTOPOULOS, 1610 14TH STREET	DIRECTOR			_	
NW, ROCHESTER, MN 55901	1.00	0.	<u> </u>	0.	0.
HAL CROPP, 1610 14TH STREET NW,	PRESIDENT		İ	_	_
ROCHESTER, MN 55901	2.00	0.	<u> </u>	0.	0.
LARRY GORRELL, 1610 14TH STREET NW,	DIRECTOR				
ROCHESTER, MN 55901	1.00	0.	ļ	0.	0.
MARYLEE LAMBERT, 1610 14TH STREET	DIRECTOR				
NW, ROCHESTER, MN 55901	1.00	0.	<u> </u>	0.	0.
GLEN PARSONS, 1610 14TH STREET NW,	DIRECTOR		ŀ		
ROCHESTER, MN 55901	1.00	0.		0.	0.
KATHY RUSH, 1610 14TH STREET NW,	TREASURER				
ROCHESTER, MN 55901	2.00	0.		0.	0.
TOM RYNDERS, 1610 14TH STREET NW,	VICE PRESIDEN	T			
ROCHESTER, MN 55901	2.00	0.		0.	0.
TOM WILLIS, 1610 14TH STREET NW,	DIRECTOR				
ROCHESTER, MN 55901	1.00	0.		0.	0.
ROBIN PEARSON, 1610 14TH STREET NW,	EXECUTIVE DIR	ECTOR			
ROCHESTER, MN 55901	40.00	47,769.	7	,203.	12,588.
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832172	L		<u> </u>	<u> </u>	
832172 12-17-08				Form	990-EZ (2008)

Form 990-EZ (2008)

INC.

Part V. Other Information (Note the statement requirements in the instructions for Part VI.)

41-1417579

Page 3

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	_36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	ì		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 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," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 0.	}		
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		_X
41	List the states with which a copy of this return is filed. MN			
42 a	The books are in care of \triangleright ROBIN PEARSON Telephone no. \triangleright (507):	281-	484	88
	Located at ► 1610 14TH STREET NW, #206, ROCHESTER, MN ZIP+4 ►!	<u> 5590</u>	1	
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		Yes	No
	account)?	42b		X
	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			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X_
	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	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Ţ	
	Form 990-EZ	44	i	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		Ī	
	completed instead of Form 990-EZ	45		<u>X</u>
		Form 9	90-F7 (20081

41-1417579 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the Part VI tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No office? If "Yes," complete Schedule C, Part I Х 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Х Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the 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." (D) Contributions (E) Expense (b) Title and average hours (c) Compensation to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractor each receiving over \$100,000 s of periup xarpured this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, the than officer) is based on all information of which preparer has any knowledge Sign Here Son eoutive. Preparer's signature Check if self-Paid Preparer's Identifying Number (See instr.) Preparer's employed 🛌 12/11/07 Use Only SCHAFER AND ASSOC., LTD. SMITH. EIN > Firm's name for yours 220 SOUTH BROADWAY, if self-employed), SUITE 102 Phone > address, and ZIP + 4 ROCHESTER MN 55904 (507)288 - 3277May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990-EZ (2008)

Form 990-EZ (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

SOUTHEASTERN MINNESOTA ARTS COUNCIL,

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

_			INC.							4_	<u>L-1417</u>	<u>5/9</u>	
Pa	rt I	Reason	for Public Cha	rity Status (All organi	izations mi	ust comple	te this pa	rt) (see ins	structions)				
The	organ	ization is not	a private foundation	n because it is (Please cl	heck only	one organi	zation)						
1	Ш	A church, co	onvention of church	es, or association of chu	rches des	cribed in se	ection 17	0(b)(1)(A)(i).				
2		A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E)							
3		A hospital or	r a cooperative hosp	oital service organization	described	n section	170(b)(1)(A)(iii). (Ai	ttach Sche	dule H)			
4				operated in conjunction							he hospital	's nam	ne,
		city, and sta		•						•	•		•
5		An organizat	tion operated for the	e benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental un	t describe	ed in		
			O(b)(1)(A)(iv). (Comp	=	•		•	, ,					
6				ment or governmental un	ut describe	ed in sectio	on 170(h)((1)(Δ)(_V)					
7	X			ceives a substantial part					or from the	neneral n	nublic desc	ribed i	n
			(b)(1)(A)(vi). (Compl		. oo oup	p 0	. 9010	oma ame	or mont the	gonorar	Jabilo acac	i ibca i	
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	一			ceives (1) more than 33		•	from conti	ributions r	nomborchi	n foos an	d arona ro	nointa	f
•				unctions - subject to cert									
				taxable income (less sec							-		
			509(a)(2). (Complet		.11011 311 16	ax) IIOIII DU	1211162262	acquired t	by the orga	mization a	inter June 3	0, 197	Э.
10				pperated exclusively to te	nat far auch	lia anfatic (Coo4:	F00(-V	4) (000				
11	Ħ												
•••	Ш			pperated exclusively for t									or
				rations described in sect				.2). See se	ction 509(a)(3). One	ck the box	tnat	
				g organization and comp		•					2		
_		a Type		* .		e III - Fund	-	_		ا ـــا	Type III - C		
е	ш			at the organization is no									n
_				than one or more publicl						9(a)(1) or s	ection 509	(a)(2)	
f				itten determination from	the IRS th	at it is a Ty	pe I, Type	e II, or Typ	e III				
			organization, check t										
g				organization accepted a			-						
		(i) A perso	on who directly or inc	directly controls, either a	lone or tog	gether with	persons	described	ın (ıı) and (ııı) below,		Yes	No
		_	•	supported organization?							11g(i)		
				on described in (i) above?							11g(ii)		
		(iii) A 35%	controlled entity of a	a person described in (i)	or (II) abov	e?					11g(III)		
h		Provide the f	following information	about the organizations	s the orgar	nization suj	pports						
			1						,				
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization		u notify the	(vi) Is organizatio	the	(vii) Am	ount of	f
	orga	nızatıon	''	organization (described on lines 1-9	in col. (i) li	sted in your	organiza	tion in col.	organization (i) organiz	on in col. ed in the	supj		
				above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						1							
							•						
									-			_	
	-				T			 					
					 	 		 	 				
					 			 	 				_
-									!				
<u>Tota</u>			L				L	L	L				
LHA	ror P	rıvacy Act ar	ia Paperwork Redu	iction Act Notice, see t	ne instruc	tions for F	orm 990.		Schedule	e A (Form	990 or 99	O-EZ)	2008

41-1417579 Page 2 Schedule A (Form 990 or 990-EZ) 2008 INC 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 279,460. 278,410. 328,289. 327,978. include any "unusual grants ") 276,842. 1,490,979. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 279,460. 276,842. 278,410. 328,289. 327,978 4 Total. Add lines 1 - 3 1,490,979, 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) 219,900. 6 Public Support. Subtract line 5 from line 4 1 271 079 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 276,842. 279,460. 278,410. 328,289 327,978 7 Amounts from line 4 1,490,979. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,253 2,424 2,622 2.124 627 9,050. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 190. 1,100. 1.064 2,599 4,953. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1 504 982. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 84.46 14 % 83.30 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Pa	art III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete only	r if you checked the bo	ox on line 9 of Part I.)
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the			İ			
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					1	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					İ	
	or expended on its benaif			 			
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge	,					
6	Total. Add lines 1 - 5					· · · · · · · · · · · · · · · · · · ·	
_	Amounts included on lines 1, 2, and				†		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		···				
	from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9,					i l	
_	10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
-							
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	<u> </u>	L		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 2004	(6) 2005	(6) 2000	(a) 2007	(e) 2008	(I) TOTAL
_	Gross income from interest,						
100	dividends, payments received on					1	
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b			_			
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
12	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	s first second thu	d fourth or fifth t	av vear as a secti	on 501(c)(3) organiz	ation
1-4	check this box and stop here	tile organization	s mst, second, tim	a, loartii, or illar t	ax year as a secur	on soricios organiz	ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (column (fl)		15	%
		•	•	column (i))		16	
16 Ser	ction D. Computation of Investigation					110 1	
						147	
	Investment income percentage for 20					17	<u>%</u> %
18	Investment income percentage from				0 15 10 mars +b==	18 32 1/3% and line 1	
19a	33 1/3% support tests - 2008. If the	=					/ IS NOT
	more than 33 1/3%, check this box a	•	-	•			
b	33 1/3% support tests - 2007. If the	_					and
	line 18 is not more than 33 1/3%, che		-			_	? H
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	ISTRUCTIONS	

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
SUPPLIES			2,2	7 R
COMMUNICATION			4,6	
EQUIPMENT RENTAL			2,7	
TRAVEL			5,4	
CONFERENCES				31.
DEPRECIATION			1,7	58.
DUES AND SUBSCRIPTIONS			1,2	
INSURANCE				56.
STAFF RECOGNITION			6,5	
MISCELLANEOUS EXPENSE				31.
TOTAL TO FORM 990-EZ, LINE 16			26,0	43.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION	_	BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES		3,708.	3,3	09.
OTHER DEPRECIABLE ASSETS		2,446.	1,1	
TOTAL TO FORM 990-EZ, LINE 24		6,154.	4,4	47.
	FOOTNOTES		STATEMENT	3
FORM 990-EZ, PAGE 1, LINE 10 GRANTS PAID FROM 7/1/2008 TO HIAWATHA VALLEY EDUCATIO EAGLE BLUFF ELC AUSTIN SYMPHONY ORCHESTR SAINT MARY'S UNIVERSITY ROCHESTER INTERNATIONAL SING OUT LOUD CHILDREN'S DANCE THEATRE WORDS PLAYERS THEATRE MINNESOTA MARINE ART MUS MASQUE YOUTH THEATRE AND RADAR SEMYO ROCHESTER CHAMBER MUSIC WINONA SYMPHONY ORCHESTR ROCHESTER REPERTORY THEA NORTHFIELD PUBLIC LIBRAR	N DISTRICT A OF MINNESOTA FILM GROUP EUM SCHOOL SOCIETY A TRE Y		2,00 2,00 3,00 3,00 3,00 3,00 3,00 3,00	000. 000. 000. 000. 000. 000.

SOUTHEASTERN MINNESOTA ARTS COUNCIL, INC	41-1417579
ROCHESTER ARIA GROUP	3,000.
RURAL AMERICA ARTS PARTNERSHIP	2,570.
CANNON FALLS PUBLIC LIBRARY	3,000.
HISTORIC BLUFF COUNTRY	3,000.
CHATFIELD BRASS BAND	3,000.
HOUSTON COUNTY FAIR	3,000.
LANESBORO ART COUNCIL	3,000.
MANTORVILLE ART GUILD	2,000.
SEMBA	3,000.
CITY OF HARMONY ARTS BOARD	3,000.
LAKE CITY PUBLIC LIBRARY	3,000.
SAINT CHARLES COMMUNITY EDUCATION	1,000.
DREAMERY RURAL ARTS INITIATIVE	3,000.
ALBERT LEA ART CENTER	4,000.
AUSTIN AREA ART CENTER, INC	4,000.
AUSTIN SYMPHONY ORCHESTRA SOCIETY	4,000.
NORTHFIELD YOUTH CHOIRS	4,000.
RED WING ARTS ASSOCIATION	4,000.
SEMYO	4,000.
THEATRE DU MISSISSIPPI	4,000.
AMERIIKAN POIJAT/BOYS OF AMERICA	4,000.
DREAMERY RURAL ARTS INITIATIVE	4,000.
LANESBORO ART COUNCIL	4,000.
ROCHESTER REPERTORY THEATRE	4,000.
SHELDON THEATRE BRASS BAND	4,000.
SEMBA	4,000.
SYLVIA ARCHER	2,000.
SUSANNE CRANE	3,000.
KEVIN DOBBE	3,000.
TOM EVANS	575.
RICK HADDORF	1,500.
THERESA HARSMA	3,000.
DANIEL KALLMAN	3,000.
STANLEY MAROUSHEK	2,925.
CHAD ONESS	3,000.
ELIZABETH ONESS	3,000.
TOM WILLIS	3,000.
KELLY JEAN OHL	3,000.
SUE HAMMES-KNOPF	3,000.
JOE MAY	1,000.
SUSAN SMALLEN	3,000.
GAIL HEIL	250.
SUSAN SMALLEN	250.
VERTIGO THEATRE FACTORY	250.
TB SHELDON MEMORIAL THEATRE	10,000.
ZUMBRO COMMUNITY TRUST	2,500.
GRANT RETURNED	<315.>
0142-1 14101442	
AL GRANTS (PER 990, LINE 10)	186,935.

FORM 990-EZ CASH GRANTS AND ALLOC	ATIONS	STATEMENT 4
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS SEE STMT 3	NONE	186,935.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		186,935.

FO	RM 990-EZ	INFORMAT ASSOCIATED WI	TION REGARDI TH PERSONAL				s	TATEI	MENT	5
A)	DIRECTLY OR	NIZATION, DURI INDIRECTLY, TO TRACT?	PAY PREMIU	MS ON A	PERSONAL	•	[]	YES	[X]	NO
B)		NIZATION, DURI		-	-		[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

ADMINISTER A SERIES OF NINE ARTS GRANT PROGRAMS, EACH WITH A SPECIFIC FOCUS AND SET OF GUIDELINES. IN FY 2008, 74 APPLICATIONS WERE RECEIVED, INVOLVING PROJECTS SERVING 2,166 ARTISTS, 30,908 YOUTH, AND 105,421 ADULT AUDIENCE MEMBERS. ACTS AS A RESOURCE AND REFERRAL AGENCY FOR ARTS ORGANIZATIONS, SCHOOLS, AND ARTISTS THROUGHOUT SOUTHEASTERN MINNESOTA, AS WELL AS, BETWEEN THOSE CONSTITUENTS AND THE MINNESOTA STATE ARTS BOARD OR OTHER REGIONAL ARTS COUNCILS WITHIN THE STATE. FUNDING FOR FY 2008 INCLUDED 64 GRANTS TOTALING \$187,250, OF THAT \$135,250 CAME FROM STATE FUNDS AND \$52,000 FROM FOUNDATIONS AND OTHER SOURCES.

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STATEMENT 7

SUPPORT & STIMULATE THE DEVELOPMENT & DIVERSITY OF THE ARTS IN THE 11 COUNTY AREA OF SE MN.

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service	File a separate application for each return.							
• If you are filing for an A	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of I unless you have already been granted an automatic 3-month extension on a previous							
Part I Automa	atic 3-Month Extension of Time. Only submit original (no copies needed)	·- ·-	-					
A corporation required to Part I only	o file Form 990-T and requesting an automatic 6-month extension - check this box and	complete	▶ □					
All other corporations (inc to file income tax returns	cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque	st an exte	nsion of time					
noted below (6 months for (not automatic) 3-month a you must submit the fully). Generally, you can electronically file Form 8868 if you want a 3-month automatic extersor a corporation required to file Form 990-T). However, you cannot file Form 8868 elect extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite of your completed and signed page 2 (Part II) of Form 8868. For more details on the electror ck on e-file for Chanties & Nonprofits.	tronically or consolic	of (1) you want the additional dated Form 990-T Instead,					
·	empt Organization	Emp	oloyer identification number					
print SOUTHEZ	ASTERN MINNESOTA ARTS COUNCIL,		11-1417579					
file by the due date for Number, stre	eet, and room or suite no. If a P.O. box, see instructions		111,3,3					
return See instructions City, town or								
	be filed (file a separate application for each return)	·						
Form 990 Form 990-BL X Form 990-EZ Form 990-PF	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-T (trust other than above)	m 4720 m 5227 m 6069 m 8870						
Telephone No. ► (!) If the organization doe If this is for a Group R	ROBIN PEARSON care of ▶ 1610 14TH STREET NW, #206, ROCHESTER, 507)281-4848 FAX No ▶ es not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN) part of the group, check this box ▶ □ and attach a list with the names and EINs or	If this is fo	▶ ☐					
FEBRUAR is for the organizati calendar years	natic 3-month (6-months for a corporation required to file Form 990-T) extension of time \underline{Y} $\underline{15}$, $\underline{2010}$, to file the exempt organization return for the organization name ion's return for ear or eginning \underline{JUL} $\underline{1}$, $\underline{2008}$, and ending \underline{JUN} $\underline{30}$, $\underline{2009}$	ed above	. The extension					
2 If this tax year is fo	or less than 12 months, check reason Initial return Final return		Change in accounting period					
	s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	dits See instructions. s for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$					
• •	le Include any prior year overpayment allowed as a credit.	3b	\$					
	stract line 3b from line 3a. Include your payment with this form, or, if required,							
deposit with FTD c See instructions.	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	3c	 					
	g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and F							
		Jini 60/9						
LHA For Privacy Act	and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009					