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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**SOUTHWEST MINNESOTA ARTS AND HUMANITIES COUNCIL**

Number and street (or P.O. box, if mail is not delivered to street address)

1210 E. COLLEGE DRIVE

Room/suite

600

City or town, state or country, and ZIP + 4

MARSHALL**MN 56258****D** Employer identification number**41-6168522****E** Telephone number**507-537-1471****F** Group Exemption Number

►

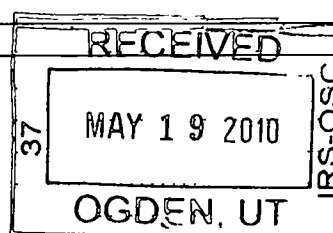
- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual

Other (specify) ►

I Website: ► **www.smahc.org****J** Organization type (check only one)— ☒ 501(c) (**3**) ◀ (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** Check ☐ 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **348,728****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, and similar amounts received	1	306,244
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	22,202
	4	Investment income	4	6,519
	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) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ► See Statement 2)	8	13,763	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	348,728	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	174,733
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	116,215
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	1,573
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 3)	16	55,854
	17	Total expenses. Add lines 10 through 16	17	348,375
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	353
	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	259,794
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	260,147

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	303,029	320,969
23 Land and buildings	4,453	2,880
24 Other assets (describe ► See Statement 4)	6,786	9,527
25 Total assets	314,268	333,376
26 Total liabilities (describe ► See Statement 5)	54,474	73,229
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	259,794	260,147

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

SP

Expenses

What is the organization's primary exempt purpose?

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

TO PROVIDE FUNDS TO PROMOTE AND SUPPORT THE ARTS.

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.

28 See Statement 6

(Grants \$ **173,933**) If this amount includes foreign grants, check here

28a

230,279

29 See Statement 7

(Grants \$) If this amount includes foreign grants, check here

29a

7,666

30 See Statement 8

(Grants \$) If this amount includes foreign grants, check here

30a

55,155

31 Other program services (attach schedule)	See Statement 9
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(Grants \$ **800**) If this amount includes foreign grants, check here

31a

20,656

32 Total program service expenses (add lines 28a through 31a)

32

313,756

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

[illegible]

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

	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		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 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	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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		
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? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	None	
42a The books are in care of	GRETA MURRAY	
1210 E. COLLEGE DRIVE		
Located at	MARSHALL, MN	
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)?	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	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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 completed instead of Form 990-EZ	45	X

Telephone no 507-537-1471

ZIP + 4 56258

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

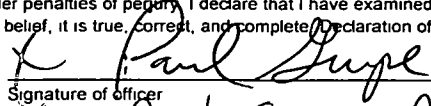
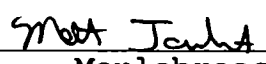
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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.			
	 Signature of officer		16 May 16, 2010 (Date)	
	Paul Grupe President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	4/2/10		P00901322
	Meulebroeck, Taubert & Co., PLLP 216 East Main St Pipestone, MN 56164			EIN ▶ 41-1987097 Phone no ▶ 507-825-4288
May the IRS discuss this return with the preparer shown above? See instructions ▶				
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Form 990-EZ (2008)

Prepared by
 MEULEBROECK, TAUBERT & CO., PLLP
 216 East Main St
 Pipestone, MN 56164

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.)**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 include any "unusual grants.")	272,318	254,151	271,916	321,308	323,836	1,443,529
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						
4 Total. Add lines 1-3	272,318	254,151	271,916	321,308	323,836	1,443,529
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)						
6 Public support. Subtract line 5 from line 4						1,443,529

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	272,318	254,151	271,916	321,308	323,836	1,443,529
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,901	12,356	20,151	16,984	6,519	62,911
9 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 assets (Explain in Part IV.)				11,311	13,763	25,074
11 Total support. Add lines 7 through 10						1,531,514
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.2550 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.5802 %
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 stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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.)

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 include any "unusual grants.")						
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 organization'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 1-5						
7a 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, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
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 assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

\$ 25,074

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIPS	\$ 22,202
Total	\$ 22,202

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS/EXPENSE REIMB.	\$ 9,343
PRIOR YEARS GRANT REFUNDS	4,420
Total	\$ 13,763

SWMAHC SOUTHWEST MINNESOTA ARTS AND
41-6168522
FYE: 6/30/2009

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
STAFF TRAVEL	3,104
STAFF TRAVEL	4,283
STAFF TRAVEL	3,524
HIRING/TRAINING	500
PRINTING AND DUPLICATING	402
PRINTING AND DUPLICATING	2,092
PRINTING AND DUPLICATING	340
PRINTING AND DUPLICATING	211
TELEPHONE	225
TELEPHONE	22
TELEPHONE	1,819
TELEPHONE	180
CONTRACTED SERVICES	782
CONTRACTED SERVICES	79
CONTRACTED SERVICES	1,509
CONTRACTED SERVICES	3,232
SUPPLIES	581
SUPPLIES	59
SUPPLIES	492
SUPPLIES	306
OFFICE & EQUIPMENT RENTAL	2,756
OFFICE & EQUIPMENT RENTAL	280
OFFICE & EQUIPMENT RENTAL	2,335
OFFICE & EQUIPMENT RENTAL	1,450
INSURANCE	813
INSURANCE	83
INSURANCE	689
INSURANCE	427
DUES & SUBSCRIPTIONS	827
INVESTMENT FEES	1,141
POSTAGE	561
POSTAGE	760
POSTAGE	86
POSTAGE	707
SPECIAL EVENTS	2,360
MISCELLANEOUS	329
FISCAL AGENT EXPENSE	13,500
EVENT EXPENSE	1,504
EVENT EXPENSE	1,504
Total	\$ <u>55,854</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ 3,500	\$ 6,202
Prepaid Expenses and Deferred Charges	3,286	3,325
	<u>6,786</u>	<u>9,527</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 6,596	\$ 9,184
Grants Payable	45,786	62,164
Deferred Revenue	2,092	1,881
	<u>54,474</u>	<u>73,229</u>

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service
Accomplishments**

Description

GRANTS PROGRAMS-
SMAHC RECEIVED FUNDS FROM THE MINNESOTA STATE ARTS BOARD,
THE MCKNIGHT FOUNDATION AND OTHERS TO REDISTRIBUTE TO
INDIVIDUAL ARTISTS, LOCAL ARTS ORGANIZATIONS, NON-PROFIT
ORGANIZATIONS AND SCHOOLS FOR ARTS PRODUCTION AND
SPONSORSHIP ACTIVITIES. GRANT PROGRAMS INCLUDE ART
PROJECTS, LOCAL ARTS ORGANIZATION DEVELOPMENT, LOCAL ARTS
ORGANIZATION NETWORKING & TRAINING, MEMBERSHIP CHALLENGE,
ARTS & LEARNING, ART STUDY OPPORTUNITY GRANT FOR
EDUCATORS, INDIVIDUAL ARTIST DEVELOPMENT, INDIVIDUAL
ARTIST CAREER, INDIVIDUAL ARTIST STUDY OPPORTUNITY, AND
PRAIRIE STAR AWARD, PRAIRIE DISCIPLE AWARD. TOTAL OF
60,985 PEOPLE SERVED INCLUDES 23,442 YOUTH AND 2,322
ARTISTS.

**Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service
Accomplishments**

Description

VOICES-
THE NEWSLETTER, VOICES, IS PUBLISHED SIX TIMES PER YEAR
AND CONTAINS FEATURE ARTICLES, CALENDAR EVENTS AND
ANNOUNCEMENTS TO READERS. IT CONTAINS NO ADVERTISEMENTS.
DURING THE FISCAL YEAR VOICES WAS MAILED TO APPROXIMATELY
795 PEOPLE PER ISSUE. VOICES WAS SENT VIA E-MAIL TO
APPROXIMATELY 85 PEOPLE PER ISSUE AND IT IS ALSO POSTED
ON THE SMAHC WEBSITE.

**Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service
Accomplishments**

Description

TECHNICAL ASSISTANCE-
SERVICES PROVIDED BY SMAHC TO SW MINNESOTA ARE
INFORMATION AND REFERRAL SERVICES TO PROMOTE THE GROWTH
AND DEVELOPMENT OF ARTISTS, STAFF AND VOLUNTEER
ASSISTANCE FOR THE ORGANIZATIONAL AND LEADERSHIP
DEVELOPMENT OF LOCAL ARTS GROUPS AND PRESENTATION OF
TECHNICAL ASSISTANCE AND NETWORKING CONFERENCES FOR
ARTISTS, CULTURAL ORGANIZATIONS AND SCHOOLS. INFORMATION
PROVIDED VIA TOLL FREE TELEPHONE NUMBER, EMAIL, MAIL,
WEBSITE AND IN PERSON CONTACT. SMAHC STAFF TRAVELS
THROUGHTOUT THE REGION TO MEET WITH CONSTITUENTS ON
REQUEST. SMAHC STAFF ALSO WORKS WITH STATEWIDE ARTS
ORGANIZATIONS TO COORDINATE WORKSHOPS AND MEETINGS WITHIN
THE SMAHC REGION THAT WILL BENEFIT SMAHC REGION
RESIDENTS.

**Statement 9 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments**

Description

CULTURAL BANK-

THE CULTURAL BANK INSURANCE PROGRAM EXISTS TO ENCOURAGE GROUPS TO UNDERTAKE ARTS OR HUMANITIES PROJECTS WHICH HAVE THE POTENTIAL OF BEING SELF-SUPPORTING. IT SERVES TO UNDERWRITE OR TO GUARANTEE A PROJECT BY PROVIDING ADVANCE PAYMENT TO IMPLEMENT THE PROJECT OR IN THE CASE OF A REVENUE GAP, BY PROVIDING PAYMENTS FOR UP TO ONE-THIRD OF THE COST OF A PROJECT, NOT TO EXCEED \$400. THREE ORGANIZATIONS WERE APPORVED FOR COVERAGE. A TOTAL OF 1625 PEOPLE WERE SERVED WHICH INCLUDED 142 ARTISTS AND 230 YOUTHS. ALTHOUGH ONLY TWO OF THE THREE ORGANIZATIONS APPROVED FOR FUNDING ACTUALLY INCURRED A LOSS AND RECEIVED FUNDS FROM THIS PROGRAM, THESE PROJECTS WOULD NOT HAVE TAKEN PLACE WITHOUT THE CULTURAL BANK INSURANCE PROGRAM.

CONFERENCES-

PROVIDE ASSISTANCE TO ARTISTS, ARTS ORGANIZATIONS AND EDUCATORS BY PROVIDING TECHNICAL ASSISTANCE, INFORMATION AND NETWORKING OPPORTUNITIES IN A CONFERENCE OR WORKSHOP SETTING TO THE SOUTHWEST MINNESOTA AREA. IN FISCAL YEAR 2009, 19 ARTISTS AND EDUCATORS ATTENDED A SMAHC ARTS IN ED CONFERENCE AND 11ARTISTS ATTENDED A BUSINESS SKILLS WORKSHOP.

SWMAHC SOUTHWEST MINNESOTA ARTS AND
41-6168522
FYE: 6/30/2009

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
EQUIPMENT	\$ 18,739	\$ 14,286	\$ 18,739	\$ 15,859
Total	\$ 18,739	\$ 14,286	\$ 18,739	\$ 15,859

SWMAHC SOUTHWEST MINNESOTA ARTS AND

41-6168522

FYE: 6/30/2009

Federal Statements

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GRETA MURRAY 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	EXEC. DIRECT	40	49,291	6,288	0
DEB LARSON 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
NANCY STRAND 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
CATHY PETERSON 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
PAUL GRUPE 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	PRES-ELECT	1	0	0	0
MONICA VILLARS 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
DEB MEYER 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
ROBERTA TROOEN 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
LINDA GRONG 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0

Federal Statements

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KURT SCHULZ 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	PRESIDENT	1	0	0	0
BARBARA KAY 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
CHAD FELTON 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
MARGARET HURLBUT VOSBURGH 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
ELLEN COPPERUD 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
BRONWYN JONES 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
RAMONA LARSON 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	PAST PRESIDE	1	0	0	0
JOEL MCKINNEY 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
JERRY OSTENSOE 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0

SWMAHC SOUTHWEST MINNESOTA ARTS AND

41-6168522

FYE: 6/30/2009

Federal Statements

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN RADLEY 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
SYDNEY MASSEE 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
TAMARA ISFELD 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0
RUTH ASCHER 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	TREASURER	1	0	0	0
ARDIE ECKARDT 1210 E COLLEGE DRIVE, SUITE 600 MARSHALL, MN 56258	DIRECTOR	1	0	0	0

SWMAHC SOUTHWEST MINNESOTA ARTS AND
41-6168522
FYE: 6/30/2009
Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
9	FIRE PROOF SAFE	9/30/93	90				90	5 HY 200DB	90	0
			90				90		90	0
Other Depreciation:										
1	IBM SELEC 2 TYPEWRITER	8/01/77	615				615	10 MO S/L	615	0
2	SHEEP DESK CALC	11/01/78	155				155	10 MO S/L	155	0
4	STEEL SHELVING UNIT	9/01/79	22				22	10 MO S/L	22	0
11	TABLE	10/31/94	68				68	5 MO S/L	68	0
33	PHONE EQUIPMENT	12/31/99	2,188				2,188	5 MO S/L	2,188	0
34	OFFICE CHAIRS	2/01/00	222				222	5 MO S/L	222	0
37	SLIDE PROJECTOR	6/28/00	518				518	5 MO S/L	518	0
40	REFRIGERTOR	8/16/00	150				150	5 MO S/L	150	0
41	FOLDING TABLE	1/15/01	104				104	5 MO S/L	104	0
42	BULLETIN BOARD	4/20/01	32				32	5 MO S/L	32	0
43	THREE PANEL DISPLAY SYSTEM	6/30/01	223				223	5 MO S/L	223	0
45	3 USED OFFICE DESKS (DONATED)	7/01/01	0				0	0 -- Memo	0	0
46	1 USED- 4 DRAWER FILING CABINET (7/01/01	0				0	0 -- Memo	0	0
47	USED METAL BOOK SHELF (DONATEI	7/01/01	0				0	0 -- Memo	0	0
50	BOOKCASES	1/19/02	364				364	5 MO S/L	364	0
51	6 4-DRAWER FILE CABINETS	4/01/02	240				240	5 MO S/L	240	0
53	DIGITAL COPIER	3/11/03	5,526				5,526	5 MO S/L	5,526	0
54	DIGITAL CAMERA & ACCESS	3/14/03	361				361	5 MO S/L	361	0
55	BLACK OFFICE CHAIR	8/16/04	300				300	5 MO S/L	230	60
56	LP 600 Projector	2/16/06	1,599				1,599	5 MO S/L	746	320
57	3 Computers/3 Monitors	2/16/06	5,082				5,082	5 MO S/L	2,371	1,017
58	HP PRINTER/FAX/SCANNER/COPIER	11/30/07	246				246	5 MO S/L	29	49
59	2 OFFICE CHAIRS	3/31/08	634				634	5 MO S/L	32	127
Total Other Depreciation			18,649				18,649		14,196	1,573
Total ACRS and Other Depreciation			18,649				18,649		14,196	1,573
Grand Totals			18,739				18,739		14,286	1,573
Less: Dispositions			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			18,739				18,739		14,286	1,573

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SOUTHWEST MINNESOTA ARTS AND
HUMANITIES COUNCIL**

Identifying number
41-6168522

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,573

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	1,573
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

There are no amounts for Page 2

Form **8868**
(Rev. April 2009)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization SOUTHWEST MINNESOTA ARTS AND HUMANITIES COUNCIL	Employer identification number 41-6168522
	Number, street, and room or suite no. If a P.O. box, see instructions. 1210 E. COLLEGE DRIVE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARSHALL MN 56258	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **GRETA MURRAY**

Telephone No. ► **507-537-1471**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SOUTHWEST MINNESOTA ARTS AND HUMANITIES COUNCIL	Employer identification number 41-6168522
	Number, street, and room or suite no. If a P.O. box, see instructions. 1210 E. COLLEGE DRIVE 600	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARSHALL MN 56258	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **GRETA MURRAY**
Telephone No. **507-537-1471** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/15/10**
- 5 For calendar year _____, or other tax year beginning **7/01/08**, and ending **6/30/09**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return. Taxpayer is completing financial statement audit.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Matt Joubert** Title **CPA** Date **1/21/10**