

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 008

Open to Public Inspection

<u>A</u>	For th	e 2008 calend	ar year, or tax year beginning $\mathrm{JUL}1$ , $2008$	nding J	<u>UN 30, 2009</u>	
В	Check if applicab	Please use IRS	lame of organization		D Employer identific	cation number
	Addre		GIONAL ARTS & CULTURE COUNCIL			
	Name chang	1 5000	Ooing Business As		93-1	059037
	lnitial return	See N	lumber and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number	,
	Termi ation	Instruc-	8 N.W. NINTH AVE. 30	00	(503	
Ļ	Amen		City or town, state or country, and ZIP + 4		G Gross receipts \$	5,996,791.
L	Appli tion pendi	<u>FO</u>	RTLAND, OR 97209		H(a) is this a group re	
	·	F Name ar	and address of principal officer ELOISE DAMROSCH		for affiliates?	Yes X No
_	T	empt status:	AS C ABOVE		H(b) Are all affiliates inc	
			X 501(c) ( 3			list. (see instructions)
_			X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: OR
	art I	Summary	ZZ COSPORATION	I L Tear	n tormation. 1999 W	State of legal doffliche. OTC
_	1		e the organization's mission or most significant activities: SEE SC	CHEDU	LE O	
Activities & Governance			<u></u>			
rna	2	Check this box	x If the organization discontinued its operations or disposed	d of more	than 25% of its assets	
o Ve	3		ting members of the governing body (Part VI, line 1a)		3	19
ن م	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		4	19
ies	5	Total number	of employees (Part V, line 2a)		5	31
Ĭ	6		of volunteers (estimate if necessary)		6	374
Ac	ı	-	related business revenue from Part VIII, line 12, column (C)		<u>7a</u>	0.
	Ь	Net unrelated	business taxable income from Form 990-T, line 34	<u>I</u>	7b	0.
;		Contributions	and ments (Dout VIII June 11)	<u> </u>	Prior Year 4,814,051.	Current Year 5,557,221.
Revenue	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	-	92,923.	354,866.
Š (	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)	-	122,205.	78,790.
ď	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,905.	5,914.
	12		- add lines 8 threugh 11 (Inust equal Part VIII, column (A), line 12)	<u>├</u>	5,036,084.	5,996,791.
	13		Ma Carroux Bau (Part IX, column (A), lines 1-3)		2,303,844.	2,644,779.
	14		to or for members (Parsix) column (A), line 4)			
es	15				1,189,735.	1,495,786.
Expenses	16 a	Professional f	Coorpensation Amployee benefits (Part IX, column (A), lines 5-10)			
X	b		ng expenses (Part IX; column (D), line 25)  22,027	<u>7.                                      </u>		
	17		(Farix) Volumn (A), lines 11a-11d, 11f-24f)	<u> </u>	1,392,042.	1,319,762.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	4,885,621.	5,460,327.
50	19	Hevenue less	expenses Subtract line 18 from line 12		150,463.	536,464.
ets c	20	Total assets (F	Part Y Jina 16)	<u>'</u>	Beginning of Year 3,859,040.	End of Year 4,552,107.
Net Assets	21	•	(Part X, line 16)		2,756,685.	2,991,272.
¥.	22		fund balances Subtract line 21 from line 20		1,102,355.	1,560,835.
	art II	Signature				
		Under penalties o	of perjury, I declare that I have examined this return, including accompanying schedules and s operation of proparer (other than officer) is based on all information of which preparer has any	statements, a	and to the best of my knowledg	ge and belief, it is true, correct,
		6	yadada ar program (alian alian	Kilowibage	16	. /
Sig	ın		by nw		14//9	110
He	re	1	of officer /		Date /	
			SE DAMROSCH, EXECUTIVE DIRECTOR			
		<u> </u>	print name and title	, I Cha	ock if Drawn	or's identifying number
Pai	d	Preparer's signature	- Date /2-	7// Jeif		er s identifying number structions)
	parers	Firm's name (or	GARY MCEEE & CO.	// (Vem)		
Use	Only	yours if self-employed),	522 S.W. FIFTH AVENUE, SUITE 1300	0	EIN ►	<del></del>
		address, and ZIP + 4	PORTLAND, OREGON 97204-2130	-	Phone no. ▶ (	503) 222-2515
Ma	v the l	RS discuss this	s return with the preparer shown above? (see instructions)		1	Voc No

COMMUNITY SERVICES - RACC CONDUCTS WORKSHOPS FOR ARTISTS AND PROVIDES ORGANIZATIONAL CONSULTING SERVICES FOR EMERGING AND MIDSIZED ARTS ORGANIZATIONS. RACC PROVIDES A WIDE RANGE OF INFORMATION SERVICES FOR LOCAL ARTISTS AND ARTS ADMINISTRATORS INCLUDING FREE INFORMATIVE NEWSLETTERS IN PRINTED AND ELECTRONIC FORM SERVING MORE THAN 6,000 AREA RESIDENTS PER MONTH. THE RACC WEBSITE (WWW.RACC.ORG) CONTAINS OPPORTUNITIES FOR ARTISTS (GRANTS, RESIDENCIES, JOBS, COMPETITIONS, COMMISSIONS, ETC.), AN ONLINE CULTURAL CALENDAR OF RACC FUNDED EVENTS IN THE COMMUNITY, AND OTHER IMPORTANT INFORMATION OF INTEREST TO THE LOCAL ARTS AND CULTURE COMMUNITY. RACC ALSO PROCESSES "PASS-THROUGH" OR AGENCY TRANSACTIONS TO HELP DONORS MAKE CONTRIBUTIONS TO ANOTHER DESIGNATED ENTITY.

4d Other program services (Describe in Schedule O)

(Expenses \$ 794,038. including grants of \$ 36,472.) (Revenue \$ 137,507.)

Total program service expenses ▶\$ 4,784,164. (Must equal Part IX, Line 25, column (B))

Page 3

# Form 990 (2008) REGIONAL ART Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		ا ۔ ا	_
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			7.7
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
10	If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	40	x	
13	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	<u> </u>	Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	13		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		]	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a	$\Box$	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>∠</b> ⊃a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Ü	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	٥-:		v
26	prior year? If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly componented employee, or discussified.	25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	90		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	26		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
			990 (2	_
			(4	

## Form 990 (2008) REGIONAL ARTS & CU Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an		i I	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

_	990 (2008) REGIONAL ARTS & COLTURE COUNCIL 93-1059	03/		age 5
Paŗ	t V Statements Regarding Other IRS Filings and Tax Compliance		<del></del>	
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31	ļ	<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		<b> </b>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
Þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	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.		L	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		i	
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>	<u> </u>	
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
_	excess business holdings at any time during the year?	8_	<u> </u>	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u> </u>	ļ
a	Did the organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter: N/A			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter. N/A			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	ļ		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	

Form **990** (2008)

N/A | 12b

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O See instructions.		1		
1a	Enter the number of voting members of the governing body	19	ı		
b	_ ·	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	L	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:	L			
а	The governing body?	_ [4	Ва	X	
b	Each committee with authority to act on behalf of the governing body?		Bb	Х	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	9	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
<u>Sec</u>	tion B. Policies				
				Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	1	2b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done	1	2c	X	
13	Does the organization have a written whistleblower policy?	Ŀ	13	Х	
14	Does the organization have a written document retention and destruction policy?	Ŀ	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		- 1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	L			
	The organization's CEO, Executive Director, or top management official?	1	5a		_X
b	Other officers or key employees of the organization?	1	5b		·X
	Describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	1	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	$\perp$			
_	exempt status with respect to such arrangements?	1	6ь		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶OR				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble fo	r		
	public inspection. Indicate how you make these available Check all that apply.				
4.5	Cown website Another's website William Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	/, and	fınan	icial	
	statements available to the public				
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ıızatıo	n· ▶		
20	statements available to the public	ıızatıo	n· ▶		

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A)	(B)	, <u>J.</u>		<del>, G.I.</del>		,, .,,	4010	(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	(check all the			app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director				1		from the	from related organizations	other compensation
		eordi	ag ag			Highest compensated employee		organization	(W-2/1099-MISC)	from the
		truste	al trus		yee	mper		(W-2/1099-MISC)		organization and related
		vdual	Institutional trustee	ją.	Key employee	hest co	늘			organizations
		亨	턆	Officer	Key	₹.	ğ			J
ALAN ALEXANDER III										
BOARD MEMBER	2.00	Х			<u> </u>	L		0.	0.	0.
JESSE BEASON		ļ				l		_	_	_
BOARD MEMBER	2.00	X				<u> </u>		0.	0.	0.
GWYNETH GAMBLE BOOTH		l	1						_	
BOARD MEMBER	2.00	X	<u> </u>	lacksquare	<u> </u>	<u> </u>		0.	0.	0.
CLAUDIA BURNETT									•	
BOARD MEMBER	2.00	X	ļ	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	┞	┞	0.	0.	0.
KIRA HIGGS		,,							_	
BOARD MEMBER	2.00	X	_	_	<u> </u>	┝	_	0.	0.	0.
KAREN KARBO	1 2 22	١,,						0.	0.	
BOARD MEMBER PEG MALLOY	2.00	X	H	-	-	┢		0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
JOSIE MENDOZA	2.00	Ĥ	H		├	┢╌	⊢	0.	0.	· ·
BOARD MEMBER	2.00	X					İ	0.	0.	0.
RON NASO	2.00	1	┢╌	$\vdash$	┝	$\vdash$	-	•		
BOARD MEMBER	2.00	x						0.	0.	0.
JIM NEILL		<del></del>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$			
BOARD MEMBER	2.00	x	l					0.	0.	0.
BONITA OSWALD		<u> </u>			Т		$\vdash$			-
BOARD MEMBER	2.00	x						0.	0.	0.
MARSHALL RUNKEL					Ι				-	
BOARD MEMBER	2.00	X						0.	0.	0.
TAD SAVINAR					Γ					
BOARD MEMBER	2.00	X						0.	0.	0.
CRAIG THOMPSON			Π			-				
BOARD MEMBER	2.00	X			L			0.	0.	0.
JULIE VIGELAND					ĺ					
BOARD MEMBER	2.00	X	L	<u> </u>	_		_	0.	0.	0.
CAROLE MORSE									_	_
BOARD CHAIR	4.00	X	<u> </u>	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
CAROL R. SMITH	4 00									_
BOARD VICE-CHAIR	4.00	X		X	L	L_	<u> </u>	0.	0.	0.

832007 12-18-08

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	es	Compensated Employ	ees (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable				
	hours	(c	hecl	c all	that	app	iy)	compensation	compensation from related	١ ١		other	of
	per week	ector						from the	organizations	İ		other pensa	tion
	""	100	8			ated		organization	(W-2/1099-MIS			om the	
	1	ustee	trust		8	g g	Ì	(W-2/1099-MISC)	·	Ì	_	anızatı	
		individual trustee or director	Institutional trustee		e e	stco	<u>_</u>					relat	
		ipu	thstrt	Officer	Key	Highest compensated employee	Ē				orga	ınızatı	ULIS
LORIN WOLFE	<u> </u>		-			╁╌	H	<del> </del>		$\dashv$			
TREASURER	4.00	x		х				0.		0.			0.
PAMELA KNOWLES			Т	┢			T						
SECRETARY	4.00	X		x				0.		0.			0.
ELOISE DAMROSCH		П											
EXECUTIVE DIRECTOR	40.00	L		X				110,357.		0.	1	3,8	31.
CYNTHIA KNAPP					ł						_		
DIRECTOR OF OPERATIONS	40.00		-	X		<del> </del>	┞-	98,559.		0.	1	3,2	<u>54.</u>
	<del> </del>	├	<del>  -</del>			-	├			$\dashv$		_	
		一	┢	-		H	┢			$\dashv$		_	
		l	ł				l			١			
			T				T						
				L			L						
	<u> </u>	ļ	<u> </u>		1		ļ	ļ.		-			
	<u> </u>	<u>l</u>	L_	L_		Ļ	L.	200 016		$\overline{}$		7 0	0 E
Total     Total number of individuals (including those)					46-	<u> </u>		208,916.	l	0.	4	7,0	00.
compensation from the organization	e in raj who re	ceiv	eu i	nore	ша	ui Opi	100	,000 in reportable					1
componential the organization			_									Yes	No
3 Did the organization list any former officer,	director or tru	ste	e, ke	y en	nplo	yee,	or	highest compensated ei	nployee on	[			
line 1a? If "Yes," complete Schedule J for s				•					. ,		3		X
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atıor	n an	d o	ther compensation from	the organization	ı			
and related organizations greater than \$15	0,000? If "Yes,	, co	mpl	ete S	Sch	edul	e J	for such individual			4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	y uni	rela	ted organization for serv	ices rendered to				
the organization? If "Yes," complete Scheo	lule J for such	pers	son					<del></del>	<del></del>		5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization. (A)								(B)	<del></del>		(0	<u> </u>	
Name and business	address							Description of s	services	С		r) nsatio	n
OREGON SYMPHONY, 921 S.W	. WASHI	NG	roi	V				OREGON SYMPH	ONY IN				
STREET, SUITE 200, PORTL	9	72	05				THE NEIGHBOR			20	0,0	00.	
			-							.,			
						_							
									T				
							_						
			_										

from the organization

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

		2008) REGIONAL ARTS	& COLTO	KE COUNCIL		93-1059	U3/ Page 9
Pa	rt VII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and	0,325.				
유		Total. Add lines 1a-1f		5557221.			
	2 a b	В	Business Code 900099		354,866.		
Program Service Revenue	c d e						
_	f	_		354,866.			
	3 4	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro	<b>•</b>	78,790.			78,790.
		Royalties  (i) Real  Gross Rents Less rental expenses Rental income or (loss)	(II) Personal				
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses	(II) Other				
venue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$	<b>&gt;</b>				
Other Revenu	С	Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See	<b>•</b>				
	С	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns	<b>•</b>				
		and allowances a Less. cost of goods sold b Net income or (loss) from sales of inventory	D Code				
	11 a b c	OTHER REVENUES	900099	5,914.			5,914.
83200 02-02-	12	All other revenue  Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c,	and 11e	5,914. 5996791.	354,866.	0.	84,704. Form <b>990</b> (2008)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

			not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,345,402.	2,345,402.		
2	Grants and other assistance to individuals in				<del></del>
	the U S. See Part IV, line 22	299,377.	299,377.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	242,735.	41,589.	201,146.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	965,178.	704,186.	246,916.	14,076
8	Pension plan contributions (include section 401(k)			Τ.	
	and section 403(b) employer contributions)	55,284.	40,463.	14,006.	815
9	Other employee benefits	138,381.	88,955.	47,600.	1,826
10	Payroll taxes	94,208.	59,112.	33,970.	1,126
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	11,000.		11,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	931,482.	895,594.	35,888.	
12	Advertising and promotion				
13	Office expenses	108,265.	61,350.	46,691.	224
14	Information technology		·		
15	Royalties				
16	Occupancy	111,685.		111,685.	
17	Travel	28,859.	21,125.	7,395.	339
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,697.	17,400.	5,208.	89
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,280.		35,280.	
23	Insurance	5,954.		5,954.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EQUIPMENT AND MAINT.	45,988.	18,070.	27,918.	
b	DUES AND SUBSCRIPTIONS	18,552.	10,668.	7,884.	
С	ADMIN. ALLOCATION	0.	180,873.	-184,405.	3,532
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,460,327.	4,784,164.	654,136.	22,027
26	Joint Costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet		<del></del>					
					(A)		_	(B)	
					Beginning of year		En	d of yea	
	1	Cash - non-interest-bearing		<u> </u>	500.	1			500.
	2	Savings and temporary cash investments		1	555,229.	2	2,	251,	548.
	3	Pledges and grants receivable, net		}	100 001	3			400
	4	Accounts receivable, net	129,031.	4	ļ	592,	182.		
	5	Receivables from current and former officers, di		· • I					
	_	employees, or other related parties Complete P		F		5	ļ		
	6	Receivables from other disqualified persons (as							
		4958(f)(1)) and persons described in section 495	o8(c)(3)(	B) Complete					
	١ ـ	Part II of Schedule L		-	<del></del>	6			
Assets	7	Notes and loans receivable, net		-	<del>-</del>	7	<u></u>		
Ase	8	Inventories for sale or use		}	12,639.	8		7	944.
		Prepaid expenses and deferred charges  Land, buildings, and equipment, cost basis	10a	339,935.	12,039.	9		· ' '	744.
	l	Less accumulated depreciation. Complete	IUa	337,933.					
	"	Part VI of Schedule D	10b	252,827.	113,624.	10c		97	108.
	11	Investments - publicly traded securities	TOD	232,027.	3,048,017.	11	1	612,	925
	12	Investments - other securities See Part IV, line 1	11	}	3,040,017.	12	<u> </u>	012,	023.
	13	Investments - program-related See Part IV, line		}	<del></del>	13	<u></u>		
	14	Intangible assets	<u> </u>		14		-		
	15	Other assets. See Part IV, line 11	<u> </u>		15				
	16	Total assets. Add lines 1 through 15 (must equal	4)	3,859,040.	16	4.	552,	107.	
	17	Accounts payable and accrued expenses	<u> </u>		141,430.	17	-,	$\frac{332}{187}$	$\frac{707}{717}$
	18	Grants payable		<u> </u>	385,874.	18		468,	
	19	Deferred revenue		<u> </u>	2,229,381.	19	2.	334,	624.
	20	Tax-exempt bond liabilities		ļ		20			<del></del>
တ္	21	Escrow account liability Complete Part IV of Sci	hedule	o l	-	21			
Liabilities	22	Payables to current and former officers, director		<del> </del>			1		
abi		highest compensated employees, and disqualifi							
<b>=</b>		of Schedule L		22	ĺ				
	23	Secured mortgages and notes payable to unrela	rd parties		23				
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			2,756,685.	26	2,	991,	272.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete					
es		lines 27 through 29, and lines 33 and 34.							
anc	27	Unrestricted net assets			843,741.	27		985,	737.
Bala	28	Temporarily restricted net assets			258,614.	28		575,	098.
pu	29	Permanently restricted net assets				29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, cl	heck he	ere 🕨 🔲 and					
s or		complete lines 30 through 34.							
sets	30	Capital stock or trust principal, or current funds		]		30			
As	31	Paid-in or capital surplus, or land, building, or eq		-		31			
Vet	32	Retained earnings, endowment, accumulated in	come, d	or other funds	4 400 055	32			
_	33	Total net assets or fund balances		ļ	1,102,355.	33		560,	
Dai	t XI	Total liabilities and net assets/fund balances			3,859,040.	34	4,	552,	107.
<u> </u>	LAI	Financial Statements and Reporting		-				Ye	s No
	A		$\neg$		1			10	5 140
1		punting method used to prepare the Form 990	Ca		Other			+	+-
2a b		e the organization's financial statements compiled			accountant?		_	2a V	X
		e the organization's financial statements audited b es" to lines 2a or 2b, does the organization have a	•	•	ability for accessing			2b X	
C		es to lines 2a or 2b, does the organization have a ew, or compilation of its financial statements and s		·	•	: audit		<sub>2c</sub> X	
32		result of a federal award, was the organization re-	<u> </u>		lo A···		2c X		
Ja		and OMB Circular A-133?	գսուժն Լ	o undergo an audit of aud	nts as set forth in the Sing	ie Auc		,	x
b		es," did the organization undergo the required au	dit or au	ıdıts?				Ba   Bb	+^

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Inspection

Name of the organization

REGIONAL ARTS & CHITTIRE COINCIL

Employer identification number 93-1059037

ь.		<b>n</b>		THE STATE OF							, 1033	057		
	ırt l			ity Status (All organiz				t ) (see ins	tructions)					
he	organ	ization is not a	a private foundation	because it is: (Please ch	eck only <b>o</b>	ne organi	zation)							
1		A church, co	nvention of churche	s, or association of chur	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).					
2	$\Box$	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	( <b>A)(iii).</b> (At	tach Sche	dule H)				
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	l's nam	ne,	
		city, and stat	е											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	a govern	mental un	it describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II )												
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).						
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	cribed	ın	
		section 170(	b)(1)(A)(vi). (Comple	ete Part II.)	• • •		Ū							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
	$\overline{\mathbf{x}}$													
•		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete the Part III)												
10				•	ot for publi	a anfahi (	Coo neetie	n E00/a\/	4) /ooo ina	·tm:at:ana\				
10	一	_	= :	perated exclusively to te		-				•		_		
• •		=	=	perated exclusively for the		-							or	
		•	• • •	ations described in secti		•	, ,,	(). See <b>se</b> (	etion sus	<b>a)(3).</b> One	CK the box	tnat		
				organization and compl						. —				
		a Type I		• •	• • •	e III - Fund	•	-			Type III - 0			
е			•	at the organization is not		-	-	•		•			ın	
				han one or more publicly						9(a)(1) or s	ection 509	∂(a)(2)		
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting of	rganization, check th	nis box									Ш	
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?				
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (	(iii) below,		Yes	No	
		the gove	erning body of the s	upported organization?							11g(i)			
		(ii) A family	member of a person	n described in (i) above?							11g(ii)			
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)			
h		Provide the fe	ollowing information	about the organizations	the organ	ization suj	pports.							
			•	-	-									
/i'	Mame	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	/vii) An	nount o	nf	
(1)		anization	(11) = 114	organization		sted in your		ion in col.	organizáti (i) organiz	on in col.		port	,1	
	J. 9.			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	U.S	.?	00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				(see instructions))	Yes	No	Yes	No	Yes	No				
							i							
						<u> </u>								
					}		į							
					1	<u> </u>	<b> </b>			<del>  -</del>				
	-													
			-						<u> </u>					
Γota	al													

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

Schedule A (Form 990 or 990-EZ) 2008

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 (f) Total (e) 2008 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 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)) 14 % 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 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 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 3 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.") 3,358,052 3,400,857 4,627,490 4.814.051 5,557,221 21,757,671. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 249,170. 249,569. 439,432 92.923 354,866 organization's tax-exempt purpose 1,385,960. 3 Gross receipts from activities that are not an unrelated trade or busmess 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 3 607 222 3,650,426, 5.066.922 4.906.974 5 912 087 23 143 631. 6 Total, Add lines 1 - 5 7a Amounts included on lines 1, 2, and 30,000. 26,000 5,750 5,250. 159,200 3 received from disqualified persons 226,200. 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 30,000 26,000. 5,750 5,250. 159,200. 226,200. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 22,917,431. Section B. Total Support (c) 2006 (b) 2005 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (f) Total 3,607,222. 5,066,922. 3,650,426 4,906,974 5,912,087 23,143,631. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 100,844. 122,205 43,755 59,629. 78,790. 405,223. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 43.755. 59.629 100.844 122,205 78.790 405.223. 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 3,970 6,905. 5,914 19,018. 10,256. 46,063. assets (Explain in Part IV) 23 594 917. 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

CHOCK WILD DOX WILD CLOSE HOLD			_
Section C. Computation of Public Support Percentage			
15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.13	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	97.90	_%
Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.72	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.51	%

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

►X

Schedule A (Form 990 or 990-EZ) 2008 REGIONAL ARTS & CULTURE COUNCIL	93-1059037 Page 4
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line	
or Part III, line 12. Provide any other additional information. (see instructions)	
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME	:
OTHER REVENUES	
OTHER REVENUES	·
	· · · · · -
<del></del>	

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul><li>Section</li></ul>	501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Name of org	janization			Empl	loyer identification number
	REGIONA	L ARTS & CULTURE	COUNCIL		93-1059037
Part I-A	To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
	See the instructions for S	Schedule C for details			ı
1 Provid	e a description of the organiz	zation's direct and indirect politic	cal campaign activities	ın Part IV.	<u> </u>
2 Politica	al expenditures	·	. •	<b>▶</b> \$	
3 Volunt	eer hours			•	
Part I-B	To be completed b	y all organizations exem	pt under section	501(c)(3).	<del></del>
	See the instructions for S	•	•	· // /	
1 Enter t	he amount of any excise tax	incurred by the organization un-	der section 4955	<b>▶</b> \$	
2 Enter t	he amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
	•	on 4955 tax, did it file Form 4720		•	Yes No
4a Was a	correction made?		•		Yes No
b If "Yes	," describe in Part IV				
Part I-C	To be completed b	y all organizations exem	pt under section	501(c), except section	on 501(c)(3).
	See the instructions for S	Schedule C for details.			
1 Enter t	he amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2 Enter t	he amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527	
exemp	t function activities			▶ \$	
3 Total o	f direct and indirect exempt	function expenditures. Add lines	s 1 and 2 and enter her	re and on	
Form 1	120-POL, line 17b			▶ \$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 State t	he names, addresses and er	nployer identification number (E	IN) of all section 527 p	olitical organizations to whic	ch payments were made
Enter t	he amount paid and indicate	of the amount was paid from the	e filing organization's fu	unds or were political contrib	butions received and
promp	tly and directly delivered to a	a separate political organization,	such as a separate se	gregated fund or a political	action committee (PAC).
If addr	tional space is needed, provi	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			1		
			1		
_	<del>.</del>				
	-				
			1	í	1

	dule C (Form 990 or 990-EZ) 2008				93-1	059037 Page 2
Par	t II-A To be completed by		•	, ,, ,	it filed Form 5768	3
	(election under sec	tion 501(h)). See th	ne instructions for Sch	edule C for details.		
	. —	tion belongs to an affil	<del>-</del> :			
B C	neck 🕨 🔛 if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
		ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a legislative boo	ly (direct lobbying)		2,500.	
С	Total lobbying expenditures (add li	nes 1a and 1b)			2,500.	
d	Other exempt purpose expenditure	es			5,435,800.	
	Total exempt purpose expenditure	•	•		5,438,300.	
f,	Lobbying nontaxable amount. Ente		following table in boti	h columns.	421,915.	
	If the amount on line 1e, column (a) o	r (b) is: The lobi	bying nontaxable am	ount is:		
	Not over \$500,000		the amount on line 1e			
	Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,	<del></del>	0 plus 5% of the exce	ss over \$1,500,000		
l	Over \$17,000,000	\$1,000,0	000			
					105 470	
g	•	•			105,479.	
	Subtract line 1g from line 1a Enter Subtract line 1f from line 1c. Enter	J			0.	<del></del>
	If there is an amount other than ze			tion file Form 4720	0.	
,	reporting section 4911 tax for this		ine 11, did the organiza	ation file Form 4720	Г	Yes No
	Toporting Scotlett 4511 tax for this		raging Period Under	Section 501(h)		163 10
		ations that made a so	ection 501(h) election	do not have to comp		
		Lobbying Expen	ditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	( <b>b)</b> 2006	(c) 2007	(d) 2008	(e) Total
	Lobbying non-taxable amount	338,558.	394,010.	394,281.	421,915.	1,548,764.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,323,146.
с	Total lobbying expenditures	2,220.	4,539.	2,623.	2,500.	11,882.
d	Grassroots non-taxable amount	84,640.	98,503.	98,570.	105,479.	387,192.
е	Grassroots ceiling amount (150% of line 2d, column (e))					580,788.
f	Grassroots lobbying expenditures			123.		123.

123. Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	· · · · · · · · · · · · · · · · · · ·	(:	a)	(1	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	<del></del>			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:			_	
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?			ļ	
d	Mailings to members, legislators, or the public?			<u> </u>	
е	, ·				
f	Grants to other organizations for lobbying purposes?	ļ		ļ	_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<del> </del>	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	ļ		<del> </del>	
	Other activities? If "Yes," describe in Part IV	<u></u>		<del></del>	
J	Total lines 1c through 1i		ļ	<del> </del>	<del></del>
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	<del> </del>	·
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A To be completed by all organizations exempt under section 501(c)(4)	coetion	F01(a)(	<u> </u>	·
rai	<del></del> · · · · · · · · · · · · · · ·	, section	501(0)(	o), or sec	lion
	501(c)(6). See the instructions for Schedule C for details.			Yes	No
	Were substantially all (00% or more) dues resoured pendeductible by members?			103	140
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	<del>                                     </del>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	+	
3 Pai	t III-B To be completed by all organizations exempt under section 501(c)(4)	section		5) or sect	ion
. u.	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR				
	answered "Yes." See Schedule C instructions for details.		, qu		•
1	Dues, assessments and similar amounts from members		1	Τ	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	ical		<u> </u>	
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1	
	Carryover from last year		2b	+	
	Total		20	+	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exi	cess		<u> </u>	
	4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
	expenditure next year?		4	7	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
Part IV Supplemental Information			·····		
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, an	nd Part II-B,	line 1ı A	so, complete	this part
for a	ny additional information.				
		· ·			
		<del></del>			

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

Schedule D (Form 990) 2008

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds may b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible p	rivate benefit? Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a cor	nservation easement on the last day
	of the tax year.		•
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, a	and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	• • • • • • • • • • • • • • • • • • • •	·
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
<u> </u>	conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
Ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gaın, provide
	the following amounts required to be reported under SFAS	116 relating to these items.	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Sche		L ARTS & C							<u>59037</u>		ige <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (conti	าued)	
3.	Using the organization's accession and other	r records, check any	y of the f	ollowing tha	at are a signi	licant use	of its coll	ection ite	ms (chec	k all	
	that apply):										
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams					
ь	Scholarly research	e	, 🗀	Other		_					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın how th	ney further t	he organizat	ion's exem	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Trust, Escrow and Custodia	Arrangements	. Compl	lete if organ	zation answ	ered "Yes'	to Form	990, Par	t IV, line 9	, or	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not a	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	·									
Par	t V Endowment Funds. Complete	f organization answi	ered "Ye	s" to Form 9	990, Part IV,	line 10.					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d	d) Three y	ears back	(e) Four	years t	Dack
1a	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	,									
2	Provide the estimated percentage of the year	r end balance held a	as:	•							
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administi	ered for th	e organız	ation			
	by								Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds.							
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	ee Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) De	preciatio	n T	(d) Book	value	<del>,</del> —
		basis (investi	ment)	basis	(other)						
1a	Land										
b	Buildings										
С	Leasehold improvements				2,236.		49,19			3,03	
d	Equipment				7,699.	1	03,6	30.		1,06	
е	Other										
Total	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	umn (B),	line 10(c) )				▶	87	7,10	<u> </u>

under FIN 48.

SCHEDULE		7	Constitutional Other Anniation And Other Course				OMB No 1545-0047	
Form 990)		Govern	Governments, and Individuals in the U.S.	uals in the U.S.			5008	
Separtment of the Treasury	► Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, Pa	ırt IV, lines 21 or 22.		Open to Public	
מייים בייים ביים בייים ב			► Attach to Form 990.	n 990.			Inspection	
Name of the organization REGIONAL	ARTS & CU	CULTURE COUNCIL	II				Employer Identification number 93-1059037	
Part I General Information on Grants and Assistance	and Assistance							
1 Does the organization maintain records to substantiate the amount	to substantiate th		or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	istance?	:					X Yes No	
ä۴	ocedures for mon	itoring the use of grant	funds in the United	States.				-
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check th	s box if no one recipier	nt received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	-
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
IGNIESZKA LASKA DANCERS								
.625 SE KNAPP ST. ORTLAND, OR 97202	20-2565119	501(C)(3)	5,400.	0.		54	ART/PROJECT	
IRT ON ALBERTA								
1614 NE ALBERTA STREET	_							
PORTLAND, OR 97211	93-1275909	501(C)(3)	000'9	0.		7	ART/PROJECT	
RTISTS REPERTORY THEATRE								
OLTLAND, OR 97205	93-0828781	501(C)(3)	53,192.	0.			ART/GENERAL SUPPORT	
BLUE SKY GALLERY 22 NW RTH								
ORTLAND, OR 97209	51-0185021	501(C)(3)	10,656.	0		~	ART/GENERAL SUPPORT	
ODYVOX								
				•				
OKTLAND, OR 9/209	93-1283107	501(C)(3)	71,413.				AKT/GENERAL SUPPORT	
ROADWAY ROSE THEATRE COMPANY								
O BOX 231004 IGARD, OR 97281	93-1069099	501(C)(3)	27,040.	.0		N.	ART/GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations					71.	
3 Enter total number of other organizations	S						•	_
HA For Privacy Act and Paperwork Reduction Act Notice, see the	ction Act Notice,		Instructions for Form 990.				Schedule I (Form 990) 2008	

Page 2

93-1059037

Schedule I (Form 990) 2008 REGIONAL ARTS & CULTURE COUNCIL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation	(f) Description of non-cash assistance.
				(coo) abbaraci caro)	
ART/PROJECT	52	235,746.	0.		
ART/PROFESSIONAL DEVELOPMENT	35	43,631.	.0		
ART/FELLOWSHIP AWARD	1	20,000.	.0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: A GRANTEE	CAN	RECEIVE UP	TO HALF OF	F THEIR GRANT	
IN ADVANCE BY SUBMITTING AN INVOICE.	THE	FINAL BALANCE	CE CAN ONLY	Y BE RECEIVED	
ONCE THE PROJECT OR ACTIVITY IS CO	COMPLETED	AND ALL FI	FINAL REPORT	REPORT/EVALUATION	
REQUIREMENTS ARE SUBMITTED TO RACC. GRANT		RECIPIENTS	RECIPIENTS MUST ACKNOWLEDGE	OWLEDGE	
SUPPORT BY RACC AND WORK FOR ART (WHEN		APPROPRIATE)	IN ALL PRI	PRINTED	
MATERIALS RELATED TO THE FUNDED ACTIVITY	.	AT THE CLOSE	OF THE	GRANT CYCLE,	
GRANT RECIPIENTS ARE REQUIRED TO S	SUBMIT A	FINAL REPORT	AND	EVALUATION,	
INCLUDING A FINAL BUDGET SHOWING ELIGIBLE		EXPENSES A	AND FINAL CO	FINAL CONTRIBUTIONS,	
ITH PROJECT DOCUMENTATION	IN ORDER	TO RECEIVE	THEIR FINAL	AL PAYMENT.	
832102 12-18-08		29			Schedule I (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 Inspection

Employer identification number

(h) Purpose of grant or assistance ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/OPPORTUNITY ART/OPPORTUNITY 93-1059037 ART/PROJECT (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) valuation 0 0 Ö 0 Ö (e) Amount of non-cash assistance ö ٥. 10,000. 50,287. 15,000. (d) Amount of cash grant 30,000 25,897 5,041 16,530 CULTURE COUNCIL (c) IRC Code section ıf applıcable GOVERNMENT 93-1124501 | 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 93-0682075 23-7355562 36-4542690 93-1327229 93-6002159 91-1954235 (p) EIN REGIONAL ARTS & ESTACADA AREA ARTS COMMISSION 522 SW 5TH AVENUE, SUITE 920 (a) Name and address of organization or government PO BOX 958 475 SE MAIN ST. 10 N. KILLINGSWORTH STREET DO JUMP MOVEMENT THEATER CHAMBER MUSIC NORTHWEST 3131 NE GLISAN STREET CAPPELLA ROMANA, INC. 918 SW YAMHILL, #401 COMMUNITY OF WRITERS Name of the organization 1500 SW 12TH AVENUE 1515 SE 37TH AVENUE CONDUIT DANCE, INC. PORTLAND, OR 97205 PORTLAND, OR 97232 PORTLAND, OR 97214 ESTACADA, OR 97023 PORTLAND, OR 97204 PORTLAND, OR 97201 PORTLAND, OR 97217 FEAR NO MUSIC ETHOS INC.

Enter total number of Section 501(c)(3) and government organizations 3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Schedule I-1 (Form 990) 2008

ART/PROJECT

0

5,400.

93-1122115 | 501(C)(3)

PORTLAND, OR 97207

PO BOX 1262

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047 2008

Employer identification number

REGIONAL ARTS & CULTURE   Part   Continuation of Grants and Other Assistance to Government	ARTS & CU	CULTURE COUNCIL Governments and Organization	COUNCIL s and Organizations in the U.S. (Schedule I (Form 990), Part II)	S. (Schedule I (For	т 990), Рап II )	6	93-1059037
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FILM ACTION OREGON 4122 NE SANDY BLVD PORTLAND, OR 97212	93-1074861	501(0)(3)	14,230.	0			ART/GENERAL SUPPORT
FRIENDS OF CHAMBER MUSIC 222 NW DAVIS STREET, SUITE 405 PORTLAND, OR 97209	23-7124336	501(0)(3)	18,225.	0			ART/GENERAL SUPPORT
FRIENDS OF CHAMBER MUSIC 222 NW DAVIS STREET, SUITE 405 PORTLAND, OR 97209	23-7124336	501(0)(3)	10,000.	.0			ART/OPPORTUNITY
GERMAN AMERICAN SOCIETY 7901 SE DIVISION PORTLAND, OR 97206	93-0386838	501(0)(3)	6,400.	0.			ART/OPPORTUNITY
HAND2MOUTH THEATRE 6551 N. MARYLAND STREET PORTLAND, OR 97217	71-0916574	501(¢)(3)	5,238.	0.		-	ART/PROJECT
HOMOWO AFRICAN ARTS & CULTURES 4839 NE MLK JR. BLVD, SUITE 209 PORTLAND, OR 97211	93-0919492	501(¢)(3)	20,856.	0.			ART/GENERAL SUPPORT
IMAGO THEATRE P.O. BOX 15182 PORTLAND, OR 97293	93-0813258	501(¢)(3)	26,385.	.0			ART/GENERAL SUPPORT
IMAGO THEATRE P.O. BOX 15182 PORTLAND, OR 97293	93-0813258	501(0)(3)	30,000	0.0			ART/OPPORTUNITY
2 Enter total number of Section 501(c)(3) and government organizations	nd government or	ganizations					<b>.</b>

 <sup>2</sup> Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations
 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No 1545-0047 2008

**Employer identification number** 93-1059037

CULTURE COUNCIL REGIONAL ARTS & Name of the organization

(h) Purpose of grant or assistance ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/PROJECT ART/PROJECT ART/PROJECT (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) valuation o. 0 0 ö ö ö ö ö (e) Amount of non-cash assistance 5,439. 25,955. (d) Amount of cash grant 5,100 000 9 25, 799, 39,105. 000,6 26,796, (c) IRC Code section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-7447279 501(C)(3) 501(C)(3) 93-0877440 93-0909494 93-0907543 93-1195546 93-0700108 42-1626573 20-3813278 (P) EIN 1028 SE WATER AVENUE SUITE 235 224 NW 13TH AVENUE, SUITE 306 LAKEWOOD CENTER FOR THE ARTS (a) Name and address of organization or government METROPOLITAN YOUTH SYMPHONY 1631 NE BROADWAY, PMB 432 1214 SW WASHINGTON STREET INNOVATIVE HOUSING INC. LAKE OSWEGO, OR 97034 MIRACLE THEATRE GROUP 1530 NE MARINE DRIVE 368 S. STATE STREET LITERARY ARTS, INC. PORTLAND, OR 97205 PORTLAND, OR 97211 PORTLAND, OR 97232 PORTLAND, OR 97214 PORTLAND, OR 97208 PORTLAND, OR 97209 PORTLAND, OR 97214 425 SE 6TH AVENUE LIVE ON STAGE P.O. BOX 5254 LIVE WIRE! KUKATONON

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

<sup>2</sup> Enter total number of Section 501(c)(3) and government organizations

**SCHEDULE 1-1** (Form 990)

Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 Inspection

(h) Purpose of grant or assistance ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT Employer identification number ART/OPPORTUNITY ART/OPPORTUNITY ART/OPPORTUNITY 93-1059037 ART/PROJECT (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) valuation Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). 0 0 0 0 ö o Ö (e) Amount of non-cash assistance ٥. 6,000, 20,943. (d) Amount of cash grant 22,142, 30,000 15,000, 10,000 79,697 25,000 CULTURE COUNCIL (c) IRC Code section if applicable 501(C)(3) 93-6028398 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 93-1009305 501(C)(3) 87-0731092 30-0404379 93-1111344 93-1111344 20-2012406 93-1009305 (p) EIN REGIONAL ARTS & PROJECT - PO BOX 42488 - PORTLAND, NORTHWEST CHILDREN'S THEATER AND NORTHWEST CHILDREN'S THEATER AND SCHOOL - 1819 NW EVERETT, SUITE SCHOOL - 1819 NW EVERETT, SUITE NORTHWEST PHOTOGRAPHY ARCHIVE NORTHWEST PROPESSIONAL DANCE MUSEUM OF CONTEMPORARY CRAFT (a) Name and address of organization or government - PORTLAND, OR 97209 216 - PORTLAND, OR 97209 4828 SE HAWTHORNE BLVD. OREGON BALLET THEATRE OREGON BALLET THEATRE 818 SE SIXTH AVENUE 818 SE SIXTH AVENUE MILWAUKIE, OR 97222 Name of the organization 724 NW DAVIS STREET NEW CENTURY PLAYERS PORTLAND, OR 97215 PORTLAND, OR 97209 PORTLAND, OR 97214 PORTLAND, OR 97214 11022 SE 37TH AVE. Department of the Treasury Internal Revenue Service OR 97242

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No 1545-0047

(h) Purpose of grant or assistance ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/GENERAL SUPPORT Employer identification number ART/OPPORTUNITY ART/OPPORTUNITY ART/OPPORTUNITY ART/OPPORTUNITY ART/OPPORTUNITY 93-1059037 (g) Description of non-cash assistance appraisal, other) (f) Method of Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (book, FMV valuation ö 。 ö 0 ö ö Ö 0 (e) Amount of non-cash assistance 54,394, 9,422, 24,779. 9,342. (d) Amount of cash grant 339,746, 11,688, 6,500 18,600 CULTURE COUNCIL (c) IRC Code section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 93-1029151 20-0213467 94-3113745 51-0185443 93-0811197 93-0814638 93-0446527 93-1012732 (p) EIN REGIONAL ARTS & OREGON PUBLIC BROADCASTING (OPB) (a) Name and address of organization or government 600 SW 10TH AVE., SUITE 313 PACIFIC CREST WIND ENSEMBLE 9320 SW BARBUR BLVD STE 240 OREGON SYMPHONY ASSOCIATION 921 SW WASHINGTON ST. #200 OREGON POTTERS ASSOCIATION OREGON CHILDREN'S THEATRE OREGON REPERTORY SINGERS 3716 SW MT. ADAMS DRIVE 4614 SE SALMON STREET OREGON JEWISH MUSEUM OR 97215 PACIFIC YOUTH CHOIR PORTLAND, OR 97205 PORTLAND, OR 97209 PORTLAND, OR 97219 PORTLAND, OR 97219 PORTLAND, OR 97205 PORTLAND, OR 97203 PORTLAND, OR 97239 310 NW DAVIS ST. 7140 SW MACADAM 7314 N. BURR HILLSBORO,

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction's for Form 990.

Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No 1545-0047

REGIONAL ARTS & CITLATIRE COUNCIL

Employer identification number 93-1059037

		AKTS & CL	REGIONAL ART'S & CULTURE COUNCIL	71.			7	93-1059037
Part	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Orga	nizations in the U	S. (Schedule I (Fo	rm 990), Part II.)		
	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PDX PO 816 SE PORTLA	PDX POP NOW! 816 SE 38TH PORTLAND, OR 97214	20-1253468	501(0)(3)	5,770.	0.			ART/PROJECT
PLAYWRITE 4924 NE M PORTLAND,	PLAYWRITE, INC. 4924 NE MULTNOMAH STREET PORTLAND, OR 97213	20-0414784	501(C)(3)	12,230.	.0			ART/GENERAL SUPPORT
PORTLA 1436 S PORTLA	PORTLAND ACTORS CONSERVATORY 1436 SW MONTGOMERY ST. PORTLAND, OR 97201	93-0966422	501(C)(3)	13,295.	0.			ART/GENERAL SUPPORT
PORTLA 1219 S	PORTLAND ART MUSEUM 1219 SW PARK AVENUE PORTLAND, OR 97205	93-0391604	501(C)(3)	184,686.	0			ART/GENERAL SUPPORT
PORTLAND 1020 SW T PORTLAND,	PORTLAND BAROQUE ORCHESTRA 1020 SW TAYLOR, #275 PORTLAND, OR 97205	93-0901924	501(C)(3)	19,155.	0.			ART/GENERAL SUPPORT
PORTLA 128 NW PORTLA	PORTLAND CENTER STAGE 128 NW 11TH AVENUE PORTLAND, OR 97209	93-1134865	501(C)(3)	85,003.	0.0			ART/GENERAL SUPPORT
PORTLAND CH PO BOX 9024 PORTLAND, O	PORTLAND CHAMBER ORCHESTRA PO BOX 9024 PORTLAND, OR 97207	93-0556942	501(C)(3)	13,377.	0.0			ART/GENERAL SUPPORT
PORTLAND 4015 SW C PORTLAND	PORTLAND CHILDREN'S MUSEUM 4015 SW CANYON ROAD PORTLAND, OR 97221	93-1278089	501(C)(3)	5,400,	0			ART/PROJECT
2 Ent		nd government or	ganizations					•

<sup>3</sup> Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Form 990.

SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No 1545-0047 2008

Employer identification number 93-1059037

REGIONAL ARTS & CULTURE COUNCIL

[Part | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part | I.) Department of the Treasury Internal Revenue Service
Name of the organization

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND COLUMBIA SYMPHONY ORCHESTRA - P.O. BOX 6559 - PORTLAND, OR 97228	93-0928813	501(c)(3)	10,000.	0			ART/GENERAL SUPPORT
PORTLAND GAY MEN'S CHORUS PO BOX 3223 PORTLAND, OR 97208	93-0776616	501(C)(3)	13,968.	.0			ART/GENERAL SUPPORT
PORTLAND GAY MEN'S CHORUS PO BOX 3223 PORTLAND, OR 97208	93-0776616	501(C)(3)	10,000.				ART/OPPORTUNITY
PORTLAND INSTITUTE FOR CONTEMPORARY ART (PICA) - 224 NW 13TH AVE. #305 - PORTLAND, OR 97209	93-1177971	501(0)(3)	25,180.	.0			ART/GENERAL SUPPORT
PORTLAND OPERA ASSOCIATION 211 SE CARUTHERS PORTLAND, OR 97211	93-6034321	501(c)(3)	132,836.	0			ART/GENERAL SUPPORT
PORTLAND PIANO INTERNATIONAL 222 NW DAVIS STREET, #405 PORTLAND, OR 97209	20-2482159	501(c)(3)	10,500.	0.			ART/GENERAL SUPPORT
PORTLAND QUEER DOCUMENTARY FILM FESTIVAL - 1223 SE 36TH AVE PORTLAND, OR 97217	20-8599277	u.c.	5,700.	0.			ART/PROJECT
PORTLAND TAIKO 3230 NE COLUMBIA BLVD. PORTLAND, OR 97211	93-1309882	501(C)(3)	35,081.	0			ART/GENERAL SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations	nd government or	ganizations					•

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Part II and Part III, Schedule I (Form 990).

Open to Public OMB No 1545-0047 2008 Inspection

**Employer identification number** 

(h) Purpose of grant or assistance ART/GENERAL SUPPORT ART/GENERAL SUPPORT ART/OPPORTUNITY 93-1059037 (g) Description of non-cash assistance appraisal, other) (f) Method of valuation (book, FMV, Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) 0 ٥. ö (e) Amount of non-cash assistance 21,054. 20,654. (d) Amount of cash grant 26,189, CULTURE COUNCIL (c) IRC Code section if applicable 501(C)(3) 501(C)(3) 91-1786694 501(C)(3) 93-0386902 91-1786694 (p) EIN REGIONAL ARTS & HEALTH (QC) - 2901 E. BURNSIDE QUEST CENTER FOR INTEGRATIVE (a) Name and address of organization or government PORTLAND YOUTH PHILHARMONIC 421 SW 6TH AVENUE, STE 1350 PROFILE THEATRE PROJECT PROFILE THEATRE PROJECT Name of the organization PORTLAND, OR 97293 PORTLAND, OR 97293 PORTLAND, OR 97204 P.O. BOX 14845 P.O. BOX 14845 Parti

Enter total number of Section 501(c)(3) and government organizations 8

Schedule I-1 (Form 990) 2008

ART/PROJECT

ö

5,109.

501(C)(3)

93-0988350

ART/GENERAL SUPPORT

0.

27,590.

501(C)(3)

91-1107572

323 NE WYGANT STREET, #201

PORTLAND, OR 97211

TEARS OF JOY THEATRE

TERRA LINDA ELEMENTARY PTC

1998 NW 143RD AVENUE

PORTLAND, OR 97229

ART/OPPORTUNITY

٥.

6,600.

501(C)(3)

93-1266917

COUNCIL - 5330 SE TAYLOR STREET RASIKA - INDIA ARTS AND CULTURE

PORTLAND, OR 97215

ART/PROJECT

ö

5,378,

501(C)(3)

93-1121778

PORTLAND, OR 97214

ART/OPPORTUNITY

ö

5,415.

501(C)(3)

93-1247737

5706 NE SIMPSON STREET

SOWELU THEATER

PORTLAND, OR 97218

3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047

**Employer identification number** 

REGIONAL ARTS & CULTURE COUNCIL  [Part I   Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	ARTS & CI	CULTURE COUNCIL  Governments and Organizat	IL nizations in the U	S. (Schedule I (Fo	m 990), Part II.)	6	93-1059037
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ART GYM 17600 PACIFIC HWY. MARYLHURST, OR 97036	93-0634049	501(C)(3)	6,000.	0.			ART/PROJECT
THE MEDIA PROJECT PO BOX 82777 PORTLAND, OR 97282	93-0632249	501(C)(3)	5,400.	0.			ART/PROJECT
THE PORTLAND BALLET 6250 SW CAPITOL HIGHWAY PORTLAND, OR 97239	93-1320715	501(C)(3)	9,500.	0.			ART/GENERAL SUPPORT
TRIBAL LEADERSHIP FORUM (TLF) 16100 NW CORNELL RD., STE 200 BEAVERTON, OR 97006	71-0878635	501(C)(3)	5,031.	0			ART/PROJECT
WHITE BIRD 5620 SW EDGEMONT PLACE PORTLAND, OR 97239	93-1263353	501(C)(3)	46,414.	0.0			ART/GENERAL SUPPORT
WRITE AROUND PORTLAND 917 SW OAK STREET #406 PORTLAND, OR 97205	84-1482706	501(C)(3)	16,375.	0.			ART/GENERAL SUPPORT
YOUNG AUDIENCES OF OREGON 1220 SW MORRISON, SUITE #900 PORTLAND, OR 97205	93-0521848	501(C)(3)	25,351.	0.			ART/GENERAL SUPPORT
c							
2 Enter total number of Section 501(c)(3) and government organizations	and government or	rganizations					

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional Information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE REGIONAL ARTS & CULTURE COUNCIL (RACC) IS AN INDEPENDENT, OREGON
NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT PROVIDES SERVICES IN
CLACKAMAS, MULTNOMAH, AND WASHINGTON COUNTIES. THROUGH VISION,
LEADERSHIP AND SERVICE, THE REGIONAL ARTS & CULTURE COUNCIL WORKS TO
INTEGRATE ARTS AND CULTURE IN ALL ASPECTS OF COMMUNITY LIFE.
A MAJORITY OF RACC'S FUNDING IS PROVIDED BY CONTRACTS WITH THE CITY OF
PORTLAND, METRO, AND MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES. THE
CITY OF PORTLAND PROVIDED 68% OF TOTAL SUPPORT AND REVENUES IN 2009,
AND METRO AND THE COUNTIES PROVIDED 11%, INCLUDING AGENCY TRANSACTIONS.
RACC IS ALSO BUILDING SUPPORT FROM THE PRIVATE SECTOR THROUGH A
WORKPLACE GIVING PROGRAM WHICH PROVIDED 4% OF TOTAL SUPPORT AND
REVENUES IN 2009.
RACC'S SERVICE AREA INCLUDES MORE THAN 1.5 MILLION RESIDENTS, 250
NOT-FOR-PROFIT ARTS AND CULTURE ORGANIZATIONS, AND COUNTLESS ARTISTS OF
EVERY DISCIPLINE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
GRANT PROGRAM, CONTINUTED: MORE THAN 65 LOCAL ARTISTS AND COMMUNITY
REPRESENTATIVES SERVE ON PANELS EACH YEAR TO HELP ASSESS THE ARTISTIC
MERIT, COMMUNITY SERVICE, AND FISCAL RESPONSIBILITY OF THE APPLICANTS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

ARTS EDUCATION - IN 2009, RACC DIRECTLY FUNDED 46 DIFFERENT SCHOOLS TO PROVIDE 66 HANDS-ON ARTS ACTIVITIES FOR UNDERSERVED YOUNG PEOPLE AND ADULTS THROUGH THE FAST TRACK GRANTS PROGRAM, AND LAUNCHED THE RIGHT BRAIN INITIATIVE, A COMPREHENSIVE SOLUTION TO INTEGRATE THE ARTS INTO THE EDUCATION OF EVERY K-8 STUDENT IN THE PORTLAND METROPOLITAN AREA SCHOOL DISTRICTS. IN ITS FIRST YEAR OF IMPLEMENTATION, THE INITIATIVE SERVED 9.000 STUDENTS AND NEARLY 500 TEACHERS FROM 20 SCHOOLS IN FOUR SCHOOL DISTRICTS. **EXPENSES \$ 537625.** INCLUDING GRANTS OF \$ 36472. **REVENUE \$ 134732.** ADVOCACY - RACC WORKS AT THE LOCAL, STATE, AND NATIONAL LEVEL TO BUILD AWARENESS, SUPPORT, AND RESOURCES FOR ARTS AND CULTURE. RACC CONVENES FORUMS TO PROMOTE THE IMPORTANCE OF ARTS AND CULTURE, AND PRODUCES RESEARCH TO HELP ILLUSTRATE THEIR IMPACT. RACC ALSO CONDUCTS "WORK FOR ART, " A WORKPLACE GIVING PROGRAM AT LOCAL COMPANIES THAT INTRODUCES THOUSANDS OF EMPLOYEES TO THE LOCAL ARTS COMMUNITY, AND GENERATES CONTRIBUTIONS FOR THE REGION'S ARTS AND CULTURAL ORGANIZATIONS. **EXPENSES \$ 256413.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 2775. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE REVISED IN JANUARY OF 2009. ARTICLE V: SECTION 3. QUORUM AND VOTE: THE QUORUM WAS CHANGED FROM ONE THIRD OF THE BOARD MEMBERS TO ONE HALF OF THE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED BY AN

OUTSIDE CPA FIRM. THE DIRECTOR OF OPERATIONS REVIEWS THE FORM 990 AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

FORWARDS IT TO THE FINANCE AND AUDIT COMMITTEE FOR REVIEW AND APPROVAL.

ONCE THE FINANCE AND AUDIT COMMITTEE HAS APPROVED THE FORM 990, COPIES ARE

MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS, AND THE FORM IS FILED WITH

THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS RECEIVE THE CONFLICT OF INTEREST POLICY ANNUALLY IN THEIR BOARD MANUALS, AND ARE REQUIRED TO SIGN AN ACKNOWLEDGMENT OF RECEIPT OF THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ARE ALSO ASKED TO SIGN A DISCLOSURE STATEMENT IN WHICH THEY LIST PERCEIVED AND REAL CONFLICTS OF INTEREST WITH ANY ORGANIZATIONS THAT RECEIVE GENERAL SUPPORT GRANTS FROM RACC. FINALLY, AT THE END OF EACH FISCAL YEAR, ALL BOARD MEMBERS AND OFFICERS (INCLUDING EXECUTIVE DIRECTOR AND DIRECTOR OF OPERATIONS/CFO) RECEIVE A BOARD DISCLOSURE QUESTIONNAIRE AND ARE ASKED TO INDICATE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OFFICERS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND HIGHEST COMPENSATED PROFESSIONAL AND INDEPENDENT CONTRACTORS. THEY MUST ALSO INDICATE IF THEY HAVE ENAGED IN TRANSACTIONS WITH THE ORGANIZATION OR IF THEY HAVE RECEIVED COMPENSATION IN EXCESS OF 1% OF THE ORGANIZATION'S REVENUES. STAFF FOLLOW-UP WITH BOARD MEMBERS MULTIPLE TIMES TO ENSURE THE ORGANIZATION RECEIVES AS MANY COMPLETED QUESTIONNAIRES AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR, THE EXECUTIVE DIRECTOR

COMPLETES A SELF-EVALUATION AND HAS AN INFORMAL MEETING WITH THE BOARD

CHAIR. NEXT, THE EXECUTIVE DIRECTOR HAS A FORMAL MEETING WITH THE BOARD

CHAIR AND VICE-CHAIR TO REVIEW HER PERFORMANCE EVALUATION AND SET NEW GOALS

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

FOR THE UPCOMING FISCAL YEAR. IN EXECUTIVE SESSION, THE EXECUTIVE COMMITTEE
AND FULL BOARD REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S PERFORMANCE
EVALUATION AND GOALS, AND COMPENSATION IS BASED UPON THE FULL BOARD'S
APPROVAL OF THOSE ITEMS. THE BOARD CHAIR THEN ISSUES A FORMAL LETTER
CONFIRMING THIS INFORMATION TO THE EXECUTIVE DIRECTOR.
COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BASED UPON ANNUAL PERFORMANCE
REVIEWS CONDUCTED BY THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON
REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ANNUAL
REPORT, WHICH IS MAILED TO CONTRIBUTORS AND POSTED ON THE RACC WEBSITE FOR
THE GENERAL PUBLIC.
•

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X.
•	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	•	
	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led Form 8868.	<del> </del>
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete	
art I o	nly	. 1	▶ □
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.	n extension of time	
noted b not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consist submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	ically if (1) you want the insolidated Form 990-T	additional
Type or	Name of Exempt Organization	Employer identificati	on number
	REGIONAL ARTS AND CULTURE COUNCIL	93-1059037	1
tile by the due date i	for Number, street, and room or suite no. If a P.O. box, see instructions.		
eturn Se nstruction	9		
Check	type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 47  Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52  Form 990-EZ Form 990-T (trust other than above) Form 60  Form 990-PF Form 1041-A Form 86	227 069	
Tele  If the	CINDY KNAPP books are in the care of   108 N.W. 9TH AVE., SUITE 300 - PORTLAND sphone No.   (503) 823-5111 FAX No.   e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the If it is for part of the group, check this box and attach a list with the names and EINs of all	is is for the whole group	
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit	+:1	
- IS	FEBRUARY 16, 2010 , to file the exempt organization return for the organization named as for the organization's return for.    calendar year or     X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009		
- 15 <b>)</b>	s for the organization's return for.  Calendar year or		nting period
2 11	s for the organization's return for.  Calendar year or  X tax year beginning JUL 1, 2008, and ending JUN 30, 2009	above. The extension	nting period
2 li	s for the organization's return for.    calendar year or     X tax year beginning JUL 1, 2008   , and ending JUN 30, 2009     f this tax year is for less than 12 months, check reason   Initial return     f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	above. The extension  Change in accou	nting period
2 li	s for the organization's return for.    Calendar year or     X tax year beginning JUL 1, 2008   , and ending JUN 30, 2009     This tax year is for less than 12 months, check reason   Initial return     This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	above. The extension  Change in accou	nting period
2 di 3a li t t	s for the organization's return for.    Calendar year	Change in accou	nting period
2	s for the organization's return for.    Calendar year	Change in accou	nting period

Form 88	68 (Rev. 4-2009)			Page 2				
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this l	box		. <b>X</b>				
	only complete Part II if you have already been granted an automatic 3-month extension on a previously file		8868.					
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		<u></u>					
Part	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Type or	Name of Exempt Organization	Emp	loyer identific	ation number				
print File by the	REGIONAL ARTS AND CULTURE COUNCIL	9	3-10590	37				
extended due date f	Number, street, and room or suite no. If a P.O. box, see instructions.	For II	RS use only					
filing the return Security Instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		<del></del>					
X F	type of return to be filed (File a separate application for each return):  orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 [ orm 6069	Form 8870				
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly file	d Form 8868	•				
Telep If the	CINDY KNAPP  cooks are in the care of   108 N.W. 9TH AVE., SUITE 300 - PORTLAN  cohone No  (503) 823-5111 FAX No.   corganization does not have an office or place of business in the United States, check this box  s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		r the whole gr	oup, check this				
box ▶	. If it is for part of the group, check this box and attach a list with the names and EINs of a	III memb	ers the extens	sion is for				
	I request an additional 3-month extension of time until <u>MAY 15, 2010</u> .  For calendar year, or other tax year beginning <u>JUL 1, 2008</u> , and ending <b>JUN 30, 2009</b> .							
	this tax year is for less than 12 months, check reason.	$\overline{}$		counting period				
	tate in detail why you need the extension		Onange in act	counting period				
T	HE INFORMATION NECESSARY TO PREPARE A COMPLETE AND A S NOT YET AVAILABLE.	CCUR	ATE TAX	RETURN				
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
<u>no</u>	onrefundable credits. See instructions.	8a	\$.					
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			_				
ta	x payments made Include any prior year overpayment allowed as a credit and any amount paid							
Р	reviously with Form 8868.	8b	\$					
с В	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
w	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	s. 8c	\$	N/A				
	Signature and Verification							
Under pe it is true,	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to t correct, and complete, and that I am authorized to prepare this form.	he best o	f my knowledge	and belief,				
Signature	Title > CPA	Date	<u> </u>	9/10				
			Form 8	868 (Rev. 4-2009)				