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Form **990**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

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning <u>7/1/2011</u> , and ending <u>6/30/2012</u>																																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>LAKE REGION ARTS COUNCIL</u></td> <td>D Employer identification number <u>41-1430764</u></td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number <u>218-739-5780</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/suite</td> <td></td> </tr> <tr> <td colspan="2"><u>133 SOUTH MILL STREET</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> <td></td> </tr> <tr> <td colspan="2"><u>FERGUS FALLS MN 56537</u></td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer</td> <td>G Gross receipts \$ <u>713,179</u></td> </tr> <tr> <td colspan="2"></td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶</td> <td></td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation <u>1982 M State of legal domicile <u>MN</u> </u></td> </tr> </table>	C Name of organization <u>LAKE REGION ARTS COUNCIL</u>		D Employer identification number <u>41-1430764</u>	Doing Business As		E Telephone number <u>218-739-5780</u>	Number and street (or P O box if mail is not delivered to street address) Room/suite			<u>133 SOUTH MILL STREET</u>			City or town, state or country, and ZIP + 4			<u>FERGUS FALLS MN 56537</u>			F Name and address of principal officer		G Gross receipts \$ <u>713,179</u>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation <u>1982 M State of legal domicile <u>MN</u> </u>
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>"The mission of Lake Region Arts Council is to encourage and support the vitality of the arts in West Central Minnesota."</u>																																																									
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>18</u>																																																								
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5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>5</u> <u>4</u>																																																								
6 Total number of volunteers (estimate if necessary)	<u>6</u>																																																								
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>0</u>																																																								
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> <u>0</u>																																																								
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Maxine Adams</u>	Date <u>11/13/12</u>			
	Type or print name and title <u>Maxine Adams Executive Director</u>				
Paid Preparer Use Only	Pnnt/Type preparer's name <u>MARSHA WILLIAMS</u>	Preparer's signature <u>Marsha Williams</u>	Date <u>11/12/2012</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00477183</u>
	Firm's name ▶ <u>BUSINESS SERVICE OF FERGUS FALLS</u>		Firm's EIN ▶ <u>45-0528352</u>		
	Firm's address ▶ <u>907 N FRIBERG, FERGUS FALLS, MN 56537</u>		Phone no <u>(218) 998-9082</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2011)

SCANNED DEC 12 2012

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

 RECEIVED
 NOV 19 2012
 OGDEN, UT

IRS-OSC

G19 24

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

The mission of Lake Region Arts Council is to encourage and support the vitality of the arts in west central MN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 493,531 including grants of \$ 319,123) (Revenue \$ 533,073.)
 General Program-Distribute grants to arts organizations, individual artists, schools and others to produce and sponsor arts events. Print newsletter for individuals and organization. Maintain artist registry referral services. Offer support services. Maintain website and provide workshops.

4b (Code:) (Expenses \$ 63,836 including grants of \$ 20,240) (Revenue \$ 180,000.)
 McKnight Foundation - Offer Career Development, Fellowship and Artist Small Grants to individual artists. Provide workshops and train artists to do school residencies. Maintain gallery space for artist exhibits.

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0.)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 557,367

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	16
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	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: <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	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 to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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?	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 governing documents since the prior Form 990 was filed?	4		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, 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	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, 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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► MN NOT REQUIRED TO FILE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **► Lake Region Arts Council (218) 739-5780**
133 South Mill St, Fergus Falls, MN 56537

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Maxine Adams Executive Director	40.00	X				X		50,493	0	0
(2) Elizabeth Ostenson Grants Manager	40.00				X			28,241	0	0
(3) Connie Payson Executive Assistant	40.00				X			28,224	0	0
(4) Jayne Bisson Feature Writer	6.00				X			288	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

107,246

Part VII**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								107,246	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								107,246	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII 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	1a	Federated campaigns	1a 0			
	b	Membership dues	1b 0			
	c	Fundraising events	1c 0			
	d	Related organizations	1d 0			
	e	Government grants (contributions)	1e 492,401			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0			
	g	Noncash contributions included in lines 1a-1f: \$	0			
	h	Total. Add lines 1a-1f	492,401			
Program Service Revenue	2a	MCKNIGHT FUNDING	Business Code			
	b	180,000			
	c	0			
	d	0			
	e	0			
	f	All other program service revenue	0			
	g	Total. Add lines 2a-2f	180,000			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	106		
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents	(i) Real (ii) Personal			
b		Less: rental expenses				
c		Rental income or (loss)	0 0			
d		Net rental income or (loss)	0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
b		Less: cost or other basis and sales expenses	0 0			
c		Gain or (loss)	0 0			
d		Net gain or (loss)	0			
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0			
b		Less: direct expenses	b 0			
c		Net income or (loss) from fundraising events	0			
9a		Gross income from gaming activities. See Part IV, line 19	a 0			
b		Less: direct expenses	b 0			
c		Net income or (loss) from gaming activities	0			
10a		Gross sales of inventory, less returns and allowances	a 0			
b		Less: cost of goods sold	b 0			
c		Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code				
11a	OTHER INCOME	7,380				
b	RETURNED GRANTS	33,142				
c	DONATION	150				
d	All other revenue	0				
e	Total. Add lines 11a-11d	40,672				
12	Total revenue. See instructions	713,179	0	0	0	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	272,678	272,678		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	46,445	46,445		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	105,516	104,248	1,268	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	17,136	16,949	187	
10	Payroll taxes	8,550	8,454	96	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	7,676	2,229	5,447	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	24,980	24,980		
13	Office expenses	6,455	5,701	754	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	44,675	41,156	3,519	
17	Travel	834	5,522	-4,688	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,911	3,729	182	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,168	3,359	809	0
23	Insurance	964	290	674	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Miscellaneous/Phone	3,529	2,886	643	
b	Memberships	1,180	141	1,039	
c	Artist Mentor Program	11,157	11,157		
d	Parking	742	634	108	
e	All other expenses Repairs/Maintenance/Gallery	7,015	6,809	206	
25	Total functional expenses. Add lines 1 through 24e	567,611	557,367	10,244	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	152,761	1	214,900
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	120,000
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,160	9	5,971
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 57,878		
	b Less: accumulated depreciation	10b 47,648	14,398	10c 10,230
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	171,319	16	351,101	
Liabilities	17 Accounts payable and accrued expenses	11,567	17	4,661
	18 Grants payable	101,658	18	142,778
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	113,225	26	147,439
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,819	27	79,223
	28 Temporarily restricted net assets	8,275	28	124,439
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	58,094	32	203,662
	33 Total net assets or fund balances	58,094	33	203,662
34 Total liabilities and net assets/fund balances	171,319	34	351,101	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	713,179
2	Total expenses (must equal Part IX, column (A), line 25)	2	567,611
3	Revenue less expenses. Subtract line 2 from line 1	3	145,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,094
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	203,662

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Name of the organization

LAKE REGION ARTS COUNCIL

Employer identification number

41-1430764

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	196,144	176,298	564,610	557,823	713,073	2,207,948
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	196,144	176,298	564,610	557,823	713,073	2,207,948
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,207,948

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	196,144	176,298	564,610	557,823	713,073	2,207,948
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,981	155	41	66	106	7,349
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						2,215,297
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.67%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.32%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a** **33 1/3% support tests—2011.** 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—2010.** 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 ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

LAKE REGION ARTS COUNCIL

Part I General Information on Grants and Assistance

Employer identification number
41-1430764

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring 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" to 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(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
(1) See Attachment for Information			0	0			
(2)			0	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(6)			0	0			
(7)			0	0			
(8)			0	0			
(9)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table 1

1a. Organization Name	1b. EIN Number	1d. Remitted portion	1d. Total of grant award	1h. Purpose of the grant assistance
The Art of the Lake Association, Inc. 108 South Lake Ave PO Box 244 Battle Lake, MN 56515	41-1479073	\$3552	\$0	to sponsor the Youth Art Symposium featuring 8 artist residencies with HS art students
The Art of the Lake Association, Inc. 108 South Lake Ave PO Box 244 Battle Lake, MN 56515	41-1479073	\$5000	\$8552	to fund a portion of the part time employee's salary
The Boys & Girls Clubs of the White Earth Reservation, Callaway Unit PO Box 186 Naytahwaush, MN 56566	41-2050817	\$2000	\$2000	to promote a community pow wow in Callaway.
The Central Square, Inc 105 2nd Ave NE Glenwood, MN 56334	41-1795911	\$4500	\$0	to present Singer/Songwriter Michael Johnson for 2 day residency, workshops and concerts
The Central Square, Inc 105 2nd Ave NE Glenwood, MN 56334	41-1795911	\$1750	\$0	to present acapella group "Home Free" with a pre concert discussion
The Central Square, Inc. 105 2nd Ave NE Glenwood, MN 56334	41-1795911	\$1760	\$8010	present a concert, "Janie Fricke" and "The Roys" along with a bluegrass workshop
The City of Lake Park 2032 2nd St Lake Park, MN 56554	41-6005299	\$6514	\$6514	to create three public art projects, signage for the City Park by local artist, Rebecca Mitchell.
The City of New York Mills 28 Centennial Drive 84 W New York Mills, MN 56567	41-6005415	\$10000	\$10000	to develop an open public space for a multipurpose performing arts space.
The City of Starbuck 307 3 5th St PO Box 606 Starbuck, MN 56381	41-6005559	\$10000	\$10000	to create a public art sculptor in the Holly Skoen Park by Phillip Rickey.

1a. Organization Name	1b. EIN Number	1d. Remitted portion	1d. Total of grant award	11h. Purpose of the grant assistance
Minnesota State University Moorhead College for Kids 1104 7 Ave S Moorhead, MN 56563	41-1687554	\$3000	\$3000	to provide scholarships and funding for "College for Kids" art classes.
The Concorida Percussion Ensemble Department of Music Concordia College Moorhead, MN 56562	90-0022714	\$2860	\$2860	present the "Day of Percussion" event with workshops and concert by 3 guest artists
The Fargo Moorhead Chamber Chorale PO Box 968 Moorhead, MN 56561	36-3305039	\$3000	\$0	to commission a regional composer to write a new choral work with a melody contest
The Fargo Moorhead Chamber Chorale PO Box 968 Moorhead, MN 56561	36-3305039	\$1920	\$4920	to fund increased publicity, program printing, instrumental music & accompanists
The Fergus Falls Center for the Arts 124 W Lincoln Ave Fergus Falls, MN 56537	41-1416048	\$15000	\$0	to renovate space for 2 theatrical rehearsal areas, 7 music practice rooms, and amenities such as restrooms, commons area and storage.
The Fergus Falls Center for the Arts 124 W Lincoln Ave Fergus Falls, MN 56537	41-1416048	\$23200	\$38200	to fund a portion of the new "Center Series" 8 performances
The Fergus Falls Senior Citizens Program 115 W Lincoln Ave Fergus Falls, MN 56537	36-3596169	\$7300	\$7300	To create a public art on positive aging with a mural painting designed and painting Scott Gunvaldson with volunteers.
The Friends of the History Museum of East Otter Tail County 230 1st Ave N Perhams, MN 56573	41-1875118	\$1740	\$1740	to present "All the old Familiar Places" concert featuring Michael Lasser, pop music historian
The Henning Landmark Center 415 Douglas Ave PO Box 341 Henning, MN 56551	27-0244370	\$2810	\$0	to sponsor an Artist Residency with fiber artist Sharon Bot-Miller, 2 weeks of circular weaving, with students & adult classes and exhibition
The Henning Landmark Center 415 Douglas Ave PO Box 341 Henning, MN 56551	27-0244370	\$7820	\$10630	to install a handicapped accessible ramp to the Landmark Center to comply with ADA standards

1a Organization Name	1b EIN Number	1d Remitted portion	1d Total of grant award	1e Purpose of the grant assistance
The Historical and Cultural Society of Clay County 202 1st Ave N PO Box 157 Moorhead, MN 56561	41-6038553	\$2640	\$0	to present Dance Reveal Moving Motion, Artist Residency and performances
The Historical and Cultural Society of Clay County 202 1st Ave N PO Box 157 Moorhead, MN 56531	41-6038553	\$73	\$2713	to fund MN artists and presenters at the Pangea Cultivate Our Culture Festival
The Holmes Center, Inc 806 Summit Ave Detroit Lakes, MN 56501	41-1970351	\$9550	\$9550	to sponsor a year of artistic programming for community outreach.
Regents of the University of Minnesota on behalf of the Morris Campus Jazz Program Grants Development Dept 600 E 4th St Morris, MN 56267	41-6007513	\$986	\$986	sponsor "Dennis Mackrel", drummer, and two other jazz musician at the UMMorris Jazz Festival 2012
The Jefferson High School 1401 Jefferson St Alexandria, MN 56308	41-6000893	\$9990	\$9990	to sponsor an artist residency with "Copper Street Brass Quintet".
The Kaddatz Galleries, ltd 111 W Lincoln Ave Fergus Falls, MN 56537	26-2693338	\$1400	\$0	to exhibit the work of local wood artists with 3 artists panel & demonstrations
The Kaddatz Galleries, ltd 111 W Lincoln Ave Fergus Falls, MN 56537	26-2693338	\$1700	\$3100	to implement a new strategic marketing plan
The Lake Agassiz Concert Band PO Box 211 Fargo, ND 58107	36-3630216	\$570	\$570	to provide general operating support
The Lake Region Writers Network 846 Lake Shore Drive PO Box 356 Battle Lake, MN 56515	37-1590305	\$740	\$740	to develop a strategic plan utilizing a consultant for long range growth

1a. Organization Name	1b. EIN Number	1d. Remitted portion	1d. Total of grant award	1h. Purpose of the grant assistance
The Lakes Chamber Music Society PO Box 863 Alexandria, MN 56308	41-1791642	\$1680	\$0	to sponsor an evening of Chamber Music featuring seven musicians performing Chansons by Claude Debussy, Songs of the Wayfarer and Schubert's String Quartet in C Major
The Lakes Chamber Music Society PO Box 863 Alexandria, MN 56308	41-1791642	\$0	\$1680	to provide a portion of the artistic director's salary to promote Norsk Culture with 12 months of programming, classes, dances, workshops, films, concerts...
The Leif Erickson, Sons of Norway 21955 457th Ave Vining, MN 56588	23-7525633	\$15750	\$15750	to create an public art sculpture for their public gardens at the museum
The Minnesota Lakes Maritime Society 205 3rd Ave W PO Box 1216 Alexandria, MN 56308	41-1967683	\$7000	\$7000	to sponsor an artist residency for the "Day of Percussion", brazilian percussion, marimba dance, and string clinics. Guest Artists: Tim & Pat O'Keefe, James Campbell, Svet Stoyanov, and Moni Simeonov
Regents of the University of Minnesota on Behalf of Morris Campus Music Discipline #1 Grant Development Office 600 E 4th St Morris, MN 56267	41-6007513	\$710	\$0	present a piano recital & master class by "Ksenia Nosikova", pianist
Regents of the University of Minnesota on Behalf of Morris Campus Music Discipline #2 Grants Development Office 600 E 4th St Morris, MN 56267	41-6007513	\$800	\$0	present a recital and master class by "Stephen Swanson", Baritone and "David Gompper" Pianist
Regents of the University of Minnesota on behalf of Morris Campus Music Discipline #3 Grant Development Office 600 E 4th St Morris, MN 56267	41-6007513	\$1600	\$3110	present an evening of chamber music "The Shubert Trio" and a free pre concert lecture

1a. Organization Name	1b. EIN Number	1d. Remitted portion	1d. Total of grant award	1h. Purpose of the grant assistance
The New York Mills Arts Retreat 24 Main Ave N PO Box 246 New York Mills, MN 56567	41-1690163	\$3000	\$0	to sponsor 500 students to design, build and fly kites in a Kite Festival
The New York Mills Arts Retreat 24 Main Ave N PO Box 246 New York Mills, MN 56567	41-1690163	\$1320	\$4320	to install a labyrinth in the NYMills Sculpture Garden while learning about the art form
The Nordic Arts Alliance 202 1st Ave N PO Box 314 Moorhead, MN 56560	35-4778264	\$12300	\$12300	to sponsor a regional tour of "KRAA" all girl folk punk band from Sweden
The Nordic Cultural Clubs 202 1st Ave N Moorhead, MN 56560	45-0406884	\$1240	\$0	to sponsor Scandinavian Storyteller Gloria Anderson-Hegg, at the Scandinavian Hjemkomst Festival
The Nordic Culture Clubs 202 1st Ave N Moorhead, MN 56560	45-0406884	\$1920	\$3160	sponsor "Kari Tauring", viking volva singer and "Karen Solgar", master Hardanger fiddler, at Hjemkomst Festival 2012
The Pope Art 19078 Village Square Drive Terrace, MN 56334	41-1952609	\$1050	\$0	to upgrade the audio system, a snake audio cable & two monitors, and partial payment of insurance
The Pope Art 19078 Village Square Dr Terrace, MN 56334	41-1952609	\$12607	\$13657	To replace the historic facility's roof with cedar shingles matching the period.
The Prairie Gate Literary Festival Grants Development Office 600 E 4th St Morris, MN 56267	41-6007513	\$3000	\$3000	sponsor Mike Perry and his band, The Long Beds, for reading, performance, & writers workshops
The Prairie Renaissance Cultural Alliance 630 Atlantic Ave Morris, MN 56267	41-1983425	\$11770	\$11770	to create a puppet pagent as part of the 2012 "Prairie Camp" art camp at the Morris Wetlands site
The Rourke Art Gallery Museum 521 Main Ave Moorhead, MN 56560	91-1748273	\$13880	\$13880	to present "Deutsche Kunst/German Art" by Moritz Gotze, marketing plan

11a. Organization Name	11b. EIN Number	11d. Remitted portion	11d. Total of grant award	11e. Purpose of the grant assistance
The Terrace Mill Foundation 27165 Old Mill Pond Rd Terrace, MN 56334	41-1372219	\$1800	\$0	to present an evening out door concert featuring the Bluegrass music of "the High 48s"
The Terrace Mill Foundation 27165 Old Mill Pond Rd Terrace, MN 56334	41-1372219	\$2000	\$0	to pay a portion of the insurance and utilities expenses.
The Terrace Mill Foundation 27165 Old Mill Pond Road Terrace, MN 56334	41-1372219	\$810	\$4610	to sponsor the Children's Theatre multiday workshops & 2 musical productions, "Aesop's Musical Foibles" & "The Emperor's New Clothes"
The Theatre B 716 Main Ave Fargo, ND 58103	20-0204648	\$1700	\$1700	to provide financial support for operating expenses
The Theatre L'Homme Dieu 1875 County Road 120 NE PO Box 1086 Alexandria, MN 56308	41-0858863	\$3000	\$0	to present "A Legacy, a Tribute to the King of Pop" musical by Legacy Live and offer dance camp to youth in the region
The Theatre L'Homme Dieu 1875 County Road 120 NE PO Box 1086 Alexandria, MN 56308	41-0858863	\$9900	\$12900	to purchase a set of stage curtains
The Three Rivers Arts Council 304 S 5th St Wahpeton, ND 58075	33-1103670	\$840	\$0	to exhibit the "International Mezzotint Society" exhibition, featuring 24 works from around the world
The Three Rivers Arts Council 304 S 5th St Wahpeton, ND 58075	33-1103670	\$780	\$0	sponsor a poetry workshop and free informal talk by "Heid Erdrich", poet
The Three Rivers Arts Council 304 S 5th St Wahpeton, ND 58075	33-1103670	\$4100	\$5720	to purchase security equipment for the gallery to display Fritz Scholder's work
The Ulen-Hitterdal School 27 2nd St NW PO Box 389 Ulen, MN 56585	41-0953951	\$2470	\$0	present an artist residency with "Tonic Sol-fa", choral workshops and evening concert

1a. Organization Name	1b. EIN Number	1d. Remitted portion	1d. Total of grant award	1h. Purpose of the grant assistance
The Ulen-Hitterdal School 27 2nd St NW PO Box 389 Ulen, MN 56585	41-0953951	\$2790	\$5260	to sponsor an Artist Residency, "AudioBody", a fusion of physical comedy and electronic music, public concert and school workshop
The Viking Library System 1915 Fir Ave W Fergus Falls, MN 56537	41-6204790	\$759	\$759	to sponsor musician Larry Swenson, at 10 long term care facilities in the region, open to the residents and the public
The Wheaton Area School 1700 3rd Ave S Wheaton, MN 56296	41-6004390	\$9990	\$9990	to sponsor a four day artist residency featuring "Copper Street Brass Quintet"
		\$274,936	\$274,936	

Part III

Part III can be duplicated 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 (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Attachment for Information	0	0	0	0	
2	0	0	0	0	
3	0	0	0	0	
4	0	0	0	0	
5	0	0	0	0	
6	0	0	0	0	
7	0	0	0	0	

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
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[illegible]

FY12 990 Individuals Artists

OrganizationInd_Name	First Name	Amount Funded
Albright	Rebecca	\$500
Artist Small Grant	File # FY12 ASGW04	
Back	Jeanne	\$500
Artist Small Grant	File # FY12 ASGW01	
Boorman	JoAnn	\$500
Artist Small Grant	File # FY12 ASG04	
Davis-Lee	Rebecca	\$5,000
McKnight Fellowship	File # FY12 04.12 F04	
Eble	Michael	\$1,200
Career Development	File # FY12 11.11 CD02	
Ellison	Joan	\$2,500
Legacy Arts & Cultural Heritag	File # FY12 06.12 LI02	
Gerenz	Kaylyn	\$1,200
Career Development	File # FY12 11.11 CD07	
Gunvaldson	Scott	\$3,060
Legacy Arts & Cultural Heritag	File # FY12 02.12 LI04	
Honer	Barbara	\$340
Artist Small Grant	File # FY12 ASGW02	
Korentayer	Elisa	\$1,200
Career Development	File # FY12 11.11 CD06	
Kosler	Sonja	\$1,200
Career Development	File # FY12 11.11 CD01	
Lee	Mee	\$500
Artist Small Grant	File # FY12 ASG11	
Lill	David	\$500
Artist Small Grant	File # FY12 ASG16 R2	
McCullough	Carmen	\$500
Artist Small Grant	File # FY12 ASG09	
McNelis	Nory	\$500

OrganizationInd_Name	First Name	Amount Funded
Artist Small Grant	File # FY12 ASGW05	
Radel	Vicky	\$500
Artist Small Grant	File # FY12 ASG15	
Rice	Laird	\$500
Artist Small Grant	File # FY12 ASG06	
Solinger	Jon	\$500
Artist Small Grant	File # FY12 ASGW03	
Sparks	Tim	\$13,000
Legacy Arts & Cultural Heritag	File # FY12 02.12 LI01	
Sundberg	Janelle	\$500
Artist Small Grant	File # FY12 ASG12	
Vandever	Richard	\$1,200
Career Development	File # FY12 11.11 CD05	
Walla	Christopher	\$1,200
Career Development	File # FY12 11.11 CD03	
Weatherly	Michael	\$500
Artist Small Grant	File # FY12 ASG07	
Youngbird	Laura	\$1,200
Career Development	File # FY12 11.11 CD08	
Zinober	Richard	\$500
Artist Small Grant	File # FY12 ASG08	

FY12

LRAC Artist Mentor Program
MSAB Report

Attachment B.19

Name	City	County	Arts Discipline	Workshop or Mentorship	Amount Awarded		
Dana Poore	Frazee	Becker	"A" Literary	Mentorship	\$500.00		
Eunhae Park	Dilworth	Clay	"B" Music	Workshop	\$475.00		
Kyla Otte	Glyndon	Clay	"C" Visual	n/a	\$0.00		
Andrew Eerdmans	Fergus Falls	Ottertail	"B" Music	Mentorship	\$500.00		
Elayna Wagnild	Fergus Falls	Ottertail	"A" Dance	Mentorship	\$500.00		
William Eerdmans	Fergus Falls	Ottertail	"B" Music	Mentorship	\$500.00		
Kalee Guenther	Alexandria	Douglas	"B" Music	Workshop	\$500.00		
Hannah Stewart	Morris	Stevens	"B" Music	Mentorship	\$500.00		
Conor Lee	Fergus Falls	Ottertail	"B" Music	Mentorship	\$500.00		
Abby Kiefer	Fergus Falls	Ottertail	"B" Music	Mentorship	\$500.00		
Melissa Paakh	Detroit Lakes	Becker	"C" Visual	Mentorship	\$500.00		

LRAC Artist Mentor Program
MSAB Report

Attachment B.20

Carter Amundson	Morris	Stevens	"A" Literary	Workshop	\$170.00		
Courtney Lahr	Glenwood	Pope	"C" Visual	Mentorship	\$500.00		

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Thomas McPhee	Morris	Stevens	"A" Literary	Mentorship	\$500.00		
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Michael Anderson	Morris	Stevens	"B" Music	Mentorship	\$500.00		
Alphonse William Schoeneberger	Vergas	Ottertail	"B" Music	Mentorship	\$500.00		

				Total requested	\$12,000	\$7,645.00	Total funded
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

LAKE REGION ARTS COUNCIL

41-1430764

Form 990 Part VI Section B Line 12C. CONFLICT OF INTEREST POLICY - The LRAC will use the
guidelines established by Minnesota Rule Chapter 1900.0419, Subq 5 to guide its actions.

Review of the Conflict of Interest Policy will be done by:

a) Each new reviewer shall be required to review a copy of this policy and to acknowledge in writing that he or she has done so.

b) Each reviewer shall annually complete a disclosure form identifying any relationships, positions or circumstances in which
the reviewer is involved that he or she believes could contribute to a Conflict of Interest arising. Such relationships, position or
circumstances might include service as a Director of or Consultant to a Non-Profit organization. Any such information regarding
of a reviewer or a reviewer's family member shall be treated as confidential and shall generally be made available only to the
Chair, Executive Director and any Committee appointed to address Conflict of Interest except to the extent additional disclosure is
necessary in connection with the implementation of this policy.

c) This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be
communicated immediately to all reviewers.

Form 990 Part VI Section B Line 15A and 15B

Did the process for determining compensation of the following persons include a review and approval by independent persons
comparability data and contemporaneous substantiation of the deliberation and decision of:

a) The organization's CEO, Executive Director or top management official?

b) Other officers or key employees of the organization?

From LRAC Policy Manual. EMPLOYEE EVALUATION: All employees of the LRAC will be evaluated at least annually. The
Executive Committee will perform the evaluation of the Executive Director and the Executive Director will complete evaluations of
other LRAC staff. The Executive Director is responsible to the LRAC chair on a daily basis. This process includes evaluation
of the Executive Director by the Directors of Minnesota State Arts Board, Minnesota Citizens for the Arts and the Chair of The Forur
Regional Arts Council and the executive Committee of the Lake Region Arts Council. Other staff are evaluated by the Executive
Director and the employee themselves. All staff compensation decisions take into consideration the state wide rate of
compensation for similar positions. The LRAC Boards annual decision about staff compensation is documented in the meeting
minutes.

Name of the organization

Employer identification number

LAKE REGION ARTS COUNCIL

41-1430764

FORM 990 PART V Line 3B Did the organization have unrelated business gross income of \$1000 or more during the year covered by this return? If NO provide an explanation in Schedule O

EXPLANATION: The Lake Region Arts Council's income is only from appropriations from the MN State Legislature, the McKnight Foundation and the Legacy Funding. We do not engage in any activities that generate unrelated business income.

FORM 990 PART VI Section B Line 11 Has the organization provided a copy of the Form 990 to all members of its governing body before filing the return? The 990 Income Tax Return is reviewed by the Board Members at our Board Meeting.

FORM 990 Part VI Section C Line 19 The governing documents, conflict of interest policy and financial statements are available at the Lake Region Arts Council UPON REQUEST.

Part VII (Sch D (990)) - Investments Other Securities

0

Description		Book Value	Method of Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

BECKER COUNTY

Lori A. Lindquist term 7/08-06/11
1249 Lake Avenue C 218-841-3586
Detroit Lakes, MN 56501
atheneum@arvig.net

Rebecca (Becky) Mitchell term (6/10) 07/11-06/13
15791 190th Street H 218-234-8844
Lake Park, MN 56554 C
becky@theglasslady.org W 218-844-4221 x 117
becky@dlccc.org

CLAY COUNTY

Pagyn Alexander Harding term (9/10) 07/11-06/14
10506 Hwy 32 N H 218-962-3202
Hitterdal, MN 56552 218-962-3275
pagynharding@yahoo.com W

Jane Gudmundson term (7/07) 7/10-6/13
607 6th St S H 218-236-9365
Moorhead, MN 56560 W 218-477-2284
edwardsquad2@yahoo.com

DOUGLAS COUNTY

Nancy Berns term (11/10) 7/10-6/13
338 east Lake Cowdry Lane NW H 320-763-4345
Alexandria, MN 56308 W 320-763-1146
njberns@gmail.com

Carolyn Aarsvold term (2/08) 7/08-6/11
105 Linden Ave H 320-762-5590
Alexandria, MN 56308 W
info@genevabeachresort.com C 320-760-1402

GRANT COUNTY

Katherine Dahl term (04/08) 07/08-6/11
305 Lake St , PO Box 31 H 320-528-2578
Barrett, MN 56311 W 320-528-2578
kmdahl@runestone.net

Kari Kjesbo term (10/09) 7/10-6/13
31506 230th St H 320-284-2218
Norcross, Mn 56274 C 218-770-0157
kan@runestone.net

OTTER TAIL COUNTY

Gary Henrickson term (07/08) 07/08-06/11
1120 Somerset Road #305 H 218-998-2540
Fergus Falls, MN 56537 W 218-736-1506
Gary.Henrickson@Minnesota.edu

Dick DuBord term (05/06) 07/09-6/12
41937 Fawn Oaks Road H 218-758-3401
Dent, MN 56528
d.dulac@arvig.net

Lorene McIntosh term (07/11) 07/11-06/14, 1st Term
111 W Lincoln Ave H 218-770-0060
Fergus Falls, MN 56537
Lorene@CanvasDancer.com

POPE COUNTY

Paul Schoenack term (10/05) 7/09-6/12
23427 210th Ave S H 320-634-3803
Glenwood, MN 56334 C 320-424-0112

POPE COUNTY (continued)

Susan Fossen term (07/10) 07/10-06/13
13961 240th Avenue H 320-634-3425
Glenwood, MN 56334
sfossen@minnewaska.k12.mn.us s.fossen@yahoo.com

STEVENS COUNTY

Jimmy Schryver term 7/09-6/12
UofM/Morris, Hum 104, 600 E 4th St. H 320-585-5836
Morris, MN 56267 W 320-589-6230
schryver@morris.umn.edu

Kari Adams
330 S Columbia Avenue, Apt 1 term (06/10) 7/10-6/13
Morris, MN 56267 H 320-563-4148
adamsk@morris.umn.edu W 320-563-4148

TRAVERSE COUNTY

Martin Lanter term (9/07) 7/10-6/13
605 3rd Ave North H 218-630-5801
Wheaton, MN 56296 W 701-672-5830
mlanter@wheaton.k12.mn.us

Carolyn Flieder term (2/11) 7/10-6/13
1403 1st Ave N H
Wheaton, MN 56296 W
~~no e-mail~~ C 218-205-8725

WILKIN COUNTY

Amy Schmidt term (9/07) 7/08-6/14, 2nd Term
PO Box 21 621 6th St H 218-630-5801
Campbell, MN 56522 W 701-672-5830
bookhavenbooks@gmail.com

Romayne Kilde
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