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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)

OMB No 1545-0047

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

Open to Public Inspection

| <u>A</u>                    | For th  | a 2012 calendar year, or tax year beginning 001 1, 2012 and  | enaing <u>J</u> | UN 30, 2013                |                               |  |  |  |  |  |  |
|-----------------------------|---|--|-----------------|----------------------------|-------------------------------|--|--|--|--|--|--|
| В                           | Check if<br>applicab  | C Name of organization   |                 | D Employer identifi        | cation number                 |  |  |  |  |  |  |
|                             | Addre   | East Central Regional Arts Council   |                 |                            |                               |  |  |  |  |  |  |
|                             | Name  | Doing Business As  |                 | 27-3                       | 386367                        |  |  |  |  |  |  |
| Г                           | Initial   |  | Room/suite      | E Telephone numbe          |                               |  |  |  |  |  |  |
| F                           | Termi   |  |                 | 320-396-2337               |                               |  |  |  |  |  |  |
| ┌                           | lated<br>Amen   |  |                 |                            |                               |  |  |  |  |  |  |
| 늗                           | return<br>Appli   |  |                 | G Gross receipts \$        | 491,796.                      |  |  |  |  |  |  |
| _                           | Jtiòn<br>pendi  |  | 1_              | H(a) Is this a group re    | eturn Yes X No                |  |  |  |  |  |  |
|                             | F Name and address of principal officer: Mary Minnick-Daniels for affiliates? |  |                 |                            |                               |  |  |  |  |  |  |
| _                           | _   | same as C above  | <del></del>     | H(b) Are all affiliates in |                               |  |  |  |  |  |  |
|                             |   | empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)   | or 527          | 1 '                        | list (see instructions)       |  |  |  |  |  |  |
|                             |   | te: > ecrac.org  |                 | H(c) Group exemption       |                               |  |  |  |  |  |  |
| _                           |   | organization: X Corporation  | L Year          | of formation: 2010         | M State of legal domicile: MN |  |  |  |  |  |  |
| P                           | art I   | Summary  |                 |                            |                               |  |  |  |  |  |  |
| ٥                           | 1   | Briefly describe the organization's mission or most significant activities: $\underline{	ext{The}}$  | <u>missio</u>   | n of the Ea                | st Central                    |  |  |  |  |  |  |
| Activities & Governance     |   | Regional Arts Council is to improve the  | quanti          | ty and qual                | ity of arts                   |  |  |  |  |  |  |
| ř                           | 2   | Check this box if the organization discontinued its operations or disposit   |                 |                            |                               |  |  |  |  |  |  |
| Š                           | 3   | Number of voting members of the governing body (Part VI, line 1a)  |                 | 3                          | 9                             |  |  |  |  |  |  |
| Ğ                           | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | • ••            | 4                          | 9                             |  |  |  |  |  |  |
| <b>∞</b> δ                  | 1 '   | Total number of individuals employed in calendar year 2012 (Part V, line 2a)   |                 | 5                          | 2                             |  |  |  |  |  |  |
| ë                           | ء ا   |  | •               | · · · · · · ·              | 12                            |  |  |  |  |  |  |
| ₹                           | -   | Total number of volunteers (estimate if necessary)   |                 | 6                          |                               |  |  |  |  |  |  |
| Ą                           |   | Total unrelated business revenue from Part VIII, column (C), line 12   | -               | <u>7a</u>                  | 0.                            |  |  |  |  |  |  |
|                             | <u> </u>  | Net unrelated business taxable income from Form 990-T, line 34   | <del></del>     | . 7b                       | 0.                            |  |  |  |  |  |  |
|                             |   |  |                 | Prior Year                 | Current Year                  |  |  |  |  |  |  |
| ā                           | 8   | Contributions and grants (Part VIII, line 1h)  |                 | <u>420,502.</u>            | 487,070.                      |  |  |  |  |  |  |
| Revenue                     | 9   | Program service revenue (Part VIII, line 2g)   |                 | 0.                         | 0.                            |  |  |  |  |  |  |
| ě                           | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                 | 1,251.                     | 947.                          |  |  |  |  |  |  |
| Œ                           | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                 | 145.                       | 3,779.                        |  |  |  |  |  |  |
|                             | 1   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                 | 421,898.                   | 491,796.                      |  |  |  |  |  |  |
| ;                           | 1   |  |                 |                            |                               |  |  |  |  |  |  |
| )                           | 4   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                 | <u>291,274.</u>            | 367,882.                      |  |  |  |  |  |  |
| 3                           |   | Benefits paid to or for members (Part IX, column (A), line 4)  |                 | 0.                         | 0.                            |  |  |  |  |  |  |
| ွှာ မွ                      | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                 | 88,004.                    | 90,024.                       |  |  |  |  |  |  |
| ິທາປຣ<br>Expenses           | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)  |                 | 0.                         | 0.                            |  |  |  |  |  |  |
| ਙਙ                          | b   | Total fundraising expenses (Part IX, column (D), line 25)  | <u>0.</u>       |                            |                               |  |  |  |  |  |  |
| ш                           | 17  | Other expenses (Part IX, column (A), lines 11a-11d, f1f-24e)   | العا ك          | 70,113.                    | 67,571.                       |  |  |  |  |  |  |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)   | CU -            | 449,391.                   | 525,477.                      |  |  |  |  |  |  |
|                             | 10  | Revenue less expenses Subtract line 18 from line 12  | ,<br>N          |                            | -33,681.                      |  |  |  |  |  |  |
| 200                         | 3   |  | 014 Be          | ginning of Current Year    | End of Year                   |  |  |  |  |  |  |
| Net Assets or Find Balances | 20  | Total assets (Part X, line 16)   | S               | 135,128.                   | 64,342.                       |  |  |  |  |  |  |
| SS                          | 20  |  | 7 19.10         |                            |                               |  |  |  |  |  |  |
| et                          | 21  | المراتب المرات |                 | 65,242.                    | 28,137.                       |  |  |  |  |  |  |
| 급                           | 22<br>art II  | Net assets or fund balances. Subtract line 21 from line 20 Signature Block   |                 | 69,886.                    | 36,205.                       |  |  |  |  |  |  |
|                             |   | <del></del>  |                 |                            |                               |  |  |  |  |  |  |
|                             |   | lties of perjury, indeclare that I have examined this feturn, including accompanying schedule  |                 |                            | y knowledge and belief, it is |  |  |  |  |  |  |
| true                        | e, corre  | t, and complete/Declaration of preparer (other than officer) is based on all information of wh   | nich preparer   | has any knowledge.         |                               |  |  |  |  |  |  |
|                             |   | haruh h.   |                 | 1-31                       | -14                           |  |  |  |  |  |  |
| Sig                         | ın  | Signature of officer   |                 | Dafte '                    |                               |  |  |  |  |  |  |
| He                          | re  | Mary Minnick-Daniels, Executive Direct   | tor             |                            |                               |  |  |  |  |  |  |
|                             |   | Type/or print name and title   |                 |                            |                               |  |  |  |  |  |  |
|                             |   | Print/Type preparer's name Preparer's signature  | 0               | Date Check                 | PTIN                          |  |  |  |  |  |  |
| Pai                         | d   | Elizabeth O'Berry Graleth O'Bury   |                 | 1/14/11/11                 |                               |  |  |  |  |  |  |
|                             | parer   |  |                 |                            |                               |  |  |  |  |  |  |
|                             | -   | Firm's name Sannerud, Savarese & Assoc., P.  | ņ.              | Firm's EIN                 | 41-1497319                    |  |  |  |  |  |  |
| USE                         | Only  | Firm's address 1207 Constance Blvd NE  |                 |                            | co 404                        |  |  |  |  |  |  |
|                             |   | Ham Lake, MN 55304   |                 | Phone no. 7                | 63-434-5929                   |  |  |  |  |  |  |
| Ma                          | y the I   | RS discuss this return with the preparer shown above? (see instructions)   |                 |                            | X Yes No                      |  |  |  |  |  |  |
| 2320                        | 001 12-   | 0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction  | ons.            |                            | Form <b>990</b> (2012)        |  |  |  |  |  |  |

|        | † III   Statement of Program Service Accomplishments   |
|--------|--|
| ŗai    |  |
|        |  |
| 1      | Briefly describe the organization's mission:  The East Central Regional Arts Council's purpose is to promote and                             |
|        | encourage all of the arts in East Central Minnesota. The organization  |
|        | does this by funding grant proposals from area arts and community  |
|        | organizations, schools, governmental units, and individuals.   |
| 2      | Did the organization undertake any significant program services during the year which were not listed on                                     |
| 2      | the prior Form 990 or 990-EZ?  |
|        | 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?                                 |
| 3      | 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.         |
| 7      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|        | revenue, if any, for each program service reported.  |
| <br>4а | (Code) (Expenses \$ 463,216. including grants of \$ 367,882.) (Revenue \$ )  |
| 74     | The East Central Regional Arts Council's program included providing 67   |
|        | grants totaling \$367,882 to individuals and groups for arts projects.   |
|        | grands codaring poor, con to individuals and groups for the projects.  |
|        | The organization also provided technical assistance to grantees and  |
|        | others interested in the arts through workshops, art shows and the   |
|        | "Essential Arts" newsletter. East Central Regional Arts Council also   |
|        | worked to identify economic and community development links in the   |
|        | region, providing information, assistance and referrals on arts issues.  |
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| 4b     | (Code) (Expenses \$  |
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| 4c     | (Code) (Expenses \$ including grants of \$) (Revenue \$)   |
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| 4d     | Other program services (Describe in Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4-     | Total program comitor expenses • 463 216   |

Form **990** (2012)

|                 |  |      | Yes      | No       |
|-----------------|--|------|----------|----------|
| 1               | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |      | v        |          |
| _               | If "Yes," complete Schedule A  | _1_  | X        | -        |
| 2               | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | Α        |          |
| . <b>3</b>      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | _    |          | x        |
|                 | public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | 3    |          | A        |
| 4               | duning the tax year? If "Yes," complete Schedule C, Part II  | 4    |          | х        |
| 5               | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |      |          |          |
| 3               | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |          | x        |
| 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   | 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    |          | х        |
| 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, for escrow or custodial account liability, 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   | 9    |          | X        |
| 10 <sup>′</sup> | 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   | 10   |          | 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.   |      |          |          |
| а               | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |      |          |          |
|                 | Part VI  | 11a  | X        |          |
| þ               | 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  | 11b  |          | X        |
| С               | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   | ١    |          | ٠,       |
|                 | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |          | X        |
| đ               |  | ١    | •        | į        |
|                 | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  | X        | Х        |
| e               | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e  | -        | ^        |
| f               | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f  |          | x        |
| 120             | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 3 11 |          |          |
| 124             | Schedule D, Parts XI and XII   | 12a  | х        |          |
| h               | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 124  |          |          |
| J               | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  |          | x        |
| 13              | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |          | X        |
| 14a             | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |          | X        |
| b               | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |      | <u> </u> |          |
|                 | 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   | 14b  |          | X        |
| 15              | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |      |          | ł        |
|                 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 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   |      |          | ļ        |
|                 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16   |          | X        |
| 17              | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 1    |          |          |
|                 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   | <u> </u> | X        |
| 18              | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 1    | 1        |          |
|                 | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   | <u> </u> | 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  | 19   | -        | X        |
|                 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |          | X        |
| b               | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  | L        | <u> </u> |

|     |   |             | 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? If "Yes," complete Schedule I, Parts I and II                                     | 21          | X   |               |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    | ŀ           |     |               |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22          | 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? If "Yes," complete                  |             |     | ĺ             |
|     | 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 lines 24b through 24d and complete              |             |     |               |
|     | Schedule K. If "No", go to line 25  | 24a         |     | X             |
| b   | 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         |     |               |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d         |     |               |
| 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? If "Yes," complete Schedule L, Part I  | 25a         |     | х             |
| 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? If "Yes," complete           |             |     |               |
|     | Schedule L, Part I  | 25b         |     | х             |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified |             |     |               |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26          |     | х             |
| 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? If "Yes," complete Schedule L, Part III  | 27          |     | х             |
| 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):   |             |     |               |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a         |     | X             |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b         |     | X             |
| С   | 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? If "Yes," complete Schedule L, Part IV  | 28c         |     | X             |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29          |     | х             |
| 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          |     | Х             |
| 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          |     | х             |
| 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          | 1   | х             |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |             |     |               |
|     | Part V, line 1  | 34          |     | X             |
| 35a |   | 35a         |     | Х             |
| b   |   |             |     |               |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b         |     |               |
| 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                |             |     | _ <del></del> |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37          |     | X             |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | <del></del> |     | <u> </u>      |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38          | X   | 1             |
|     |   |             |     | $\overline{}$ |

14a

X

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) East Central Regional Arts Council 27-3386367 Page 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  |                |              | X              |
|----------|--|----------------|--------------|----------------|
| Sec      | tion 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  |                |              |                |
|          | 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   |                |              |                |
| 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              |              | <u> X</u>      |
| 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              |              | <u>X</u>       |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4              |              | <u> X</u>      |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5              |              | <u> </u>       |
| 6        | Did the organization have members or stockholders?   | 6              |              | <u> </u>       |
| 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             |              | <u> </u>       |
| 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             |              | <u>X</u>       |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                |              |                |
| а        | The governing body?  | _8a            | _ <u>X</u> _ |                |
| 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   |                |              |                |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9              |              | <u> </u>       |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |                | <u> </u>     |                |
| 400      | Did the organization have local chapters, branches, or affiliates?   | 40=            | Yes          | <u>No</u><br>X |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 10a            |              |                |
| U        | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10ь            |              |                |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a            | Х            |                |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | _ <u> </u>     |              |                |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a            | X            |                |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b            | X            | •              |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |                |              |                |
|          | in Schedule O how this was done  | 12c            | Х            |                |
| 13       | Did the organization have a written whistleblower policy?  | 13             | Х            |                |
| 14       | Did the organization have a written document retention and destruction policy?   | 14             | Х            |                |
| 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?  |                |              |                |
| а        | 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            |              |                |
|          | tion C. Disclosure   |                |              |                |
| 17       | List the states with which a copy of this Form 990 is required to be filed MN  |                |              |                |
| 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) and the second to the second section 1024 if applicable is the second sect | ivailab        | 10           |                |
|          | for public inspection. Indicate how you made these available Check all that apply.   |                |              |                |
| 40       | Own website Another's website X Upon request Other (explain in Schedule O)   | <b>⊿ &amp;</b> |              |                |
| 19       | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an  | u iinar        | icial        |                |
| 20       | statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organiza  | tion: ►        |              |                |
| 20       | The Organization - 320-396-2337  | uon.           |              |                |
|          | 112 Main Street South P.O. Box 294 Braham MN 55006   |                |              |                |

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|-----|-----|------|-----|--|

27-3386367

Form 99b (2012) East Central Regional Arts Council 27-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 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 r | or any related                                   | orga   | ınıza                 | tion   | cor             | nper         | nsat     | ed any current officer, of | lirector, or trustee. |                             |  |  |
|--|--|--|-----------------------|--|-----------------|--------------|----------|----------------------------|-----------------------|-----------------------------|--|--|
| (A)  | (B)  |  |                       | _ (0   |                 |              |          | (D)                        | (E)                   | (F)                         |  |  |
| Name and Title                               | Average  | (do  |                       | Posi<br>heck                                     |                 | than         | one      | Reportable                 | Reportable            | Estimated                   |  |  |
|  | hours per  | box  | unle                  | ess person is both an<br>and a director/trustee) |                 |              | han      | compensation               | compensation          | amount of                   |  |  |
|  | week   |  | ceran                 | 080  | recto           | or/trus      | 100)     | from                       | from related          | other                       |  |  |
|  | (list any  | recto  |                       |  |                 |              |          | the                        | organizations         | compensation                |  |  |
|  | hours for  | Individual trustee or dir<br>Institutional trustee<br>Officer<br>Key employee<br>Highest compensated<br>employee |                       | organization                                     | (W-2/1099-MISC) | from the     |          |                            |                       |                             |  |  |
|  | related  | ustee  | trust                 |  | 8               | inde         |          | (W-2/1099-MISC)            |                       | organization<br>and related |  |  |
|  | organizations<br>below                           | tat tr   | tona                  |  | ploy            | 5 5          |          |                            |                       | organizations               |  |  |
|  | line)  | individual trustee or director   | Institutional trustee | Officer  | Key employee    | Higher       | Forme    |                            |                       | organizationo               |  |  |
| (1) Barbara Dreyer                           | 1.00   | ļ —  |                       |  |                 | 1            |          |                            |                       |                             |  |  |
| Director                                     |  | Х  | <u> </u>              |  |                 | <u> </u>     |          | 0.                         | 0.                    | 0.                          |  |  |
| (2) Arne Everson                             | 1.00   |  |                       | İ  | ŀ               |              |          | _                          | _                     |                             |  |  |
| Director                                     |  | X  |                       |  |                 | <u> </u>     | <u> </u> | 0.                         | 0.                    | 0.                          |  |  |
| (3) Laurie Greeninger                        | 1.00   | į  |                       |  |                 |              | ŀ        |                            |                       |                             |  |  |
| Director                                     | <del> </del>                                     | X  | _                     | <u> </u>   | _               | <u> </u>     | ļ        | 0.                         | 0.                    | 0,                          |  |  |
| (4) Louise Hext                              | 1.00   |  |                       |  |                 |              |          |                            |                       | _                           |  |  |
| <u>Director</u>                              | 1 00   | X  | <u> </u>              |  |                 |              | _        | 0.                         | 0.                    | 0.                          |  |  |
| (5) vern Hegg                                | 1.00   |  |                       |  |                 |              |          |                            | _                     | _                           |  |  |
| Director                                     | 1 00   | X  |                       | <u> </u>   |                 | -            |          | 0.                         | 0.                    | 0.                          |  |  |
| (6) Kelli Maag                               | 1.00   |  |                       |  |                 |              |          |                            |                       |                             |  |  |
| Director                                     | 1 00   | X  |                       | -  |                 | <del> </del> |          | 0.                         | 0.                    | 0.                          |  |  |
| (7) Carl Long                                | 1.00   | {  |                       |  |                 | 1            |          |                            |                       |                             |  |  |
| Board Chair                                  | 1 00   | ├  |                       | X  |                 | 1            | -        | 0.                         | 0.                    | 0.                          |  |  |
| (8) Theresa Bemis                            | 1.00   | ł  |                       | 37   |                 |              |          | 0.                         | 0.                    |                             |  |  |
| Vice Chair                                   | 1 00   | ļ  | ┢                     | X  | -               | ┤            | -        | 0.                         | U •                   | 0.                          |  |  |
| (9) Carla MK Vita                            | 1.00   | 1  |                       | x  |                 | }            |          | 0.                         | 0.                    | 0.                          |  |  |
| Treasurer                                    | 40.00  | <del> </del>   |                       | ^  | ╁╌              | ╁╾           |          |                            |                       | <u> </u>                    |  |  |
| (10) Mary Minnick-Daniels                    | 40.00  | 1  |                       | 1  | x               |              |          | 0.                         | 0.                    | 0.                          |  |  |
| Executive Director                           | -  | ╁  | 1                     |  | 1               | +            |          |                            |                       | •                           |  |  |
|  |  | 1  |                       |  |                 |              |          |                            |                       |                             |  |  |
|  | <del>                                     </del> |  |                       |  |                 | 1            |          |                            |                       |                             |  |  |
|  |  | 1  |                       | 1  | ĺ               |              | Ì        |                            |                       |                             |  |  |
|  | -  | T  |                       | <u> </u>   |                 |              |          |                            |                       |                             |  |  |
|  |  |  |                       |  |                 |              |          |                            |                       | ]                           |  |  |
|  |  |  |                       |  |                 | T            | 1        |                            |                       |                             |  |  |
|  |  | 1  |                       |  |                 |              |          |                            |                       |                             |  |  |
|  |  |  |                       |  |                 |              |          |                            |                       |                             |  |  |
|  |  | $oxed{oxed}$   |                       |  |                 | 1_           |          |                            |                       | _                           |  |  |
|  |  | ]  |                       |  |                 |              |          |                            |                       |                             |  |  |
|  |  |  | $\perp$               |  |                 |              |          |                            |                       |                             |  |  |
|  |  | 1  | -                     |  | 1               |              | 1        |                            |                       |                             |  |  |
|  |  |  |                       |  |                 | $\perp$      |          |                            |                       |                             |  |  |

| Form 990 (2012) East Cen  |   |  |  |       |              | -                            | _           |  | 27-33                                    | 863   | 367  | Page 8                |
|---|---|--|--|-------|--------------|------------------------------|-------------|--|--|-------|--|-----------------------|
| Part VII   Section A. Officers, Directors, Trus (A) Name and title                              | (B) Average hours per week (list any                    | (do<br>box<br>offic                          | Pos<br>(do not check<br>box, unless p<br>officer and a |       |              | than is boti                 | one<br>h an | ( <b>D)</b> Reportable compensation from | (E) Reportable compensation from related |       | (F<br>Estima<br>amous                        | ated<br>nt of<br>er   |
|   | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director               | Institutional trustee                                  | Опсет | Key employee | Highest compensated employee | Former      | the<br>organization<br>(W-2/1099-MISC)   | organizations<br>(W-2/1099-MIS           |       | from<br>from<br>organiz<br>and re<br>organiz | the<br>ation<br>lated |
|   |   | _  | _  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       | :            |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       | -            |                              |             |  |  |       |  |                       |
|   |   |  | <u> </u>   |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              | <u> </u>                     |             |  |  |       |  |                       |
| 1b Sub-total  |   | <u>.                                    </u> | l  |       |              | <b></b>                      |             | 0.                                       |  | 0.    |  | 0.                    |
| c Total from continuation sheets to Part V<br>d Total (add lines 1b and 1c).                    | 'II, Section A  |  |  |       |              | <b>&gt;</b>                  |             | 0.                                       |  | 0.    | ·  | 0.                    |
| Total number of individuals (including but compensation from the organization                   |   | nose   | list   | ed a  | bov          | e) wl                        | ho r        | eceived more than \$10                   | 0,000 of reportable                      | 9     |  | 0                     |
|   | director or tr  | uete   | - L  |       | mple         | 21/00                        | or          | highest compensated s                    | amployee on                              | Γ     | Ye   |                       |
| line 1a? If "Yes," complete Schedule J for  | such individual   |  |  |       |              |                              |             |  |  |       | 3  | <u> </u>              |
| 4 For any individual listed on line 1a, is the s<br>and related organizations greater than \$15 | 50,000? If "Yes   | , <b>"</b> cc                                | mpi  | ete : | Sch          | edul                         | e J         | for such individual                      |  |       | 4  | <u> </u>              |
| 5 Did any person listed on line 1a receive or<br>rendered to the organization? If "Yes," cor    | -   |  |  |       |              |                              | relat       | ted organization or indiv                | ridual for services                      |       | 5  | x                     |
| Section B. Independent Contractors  1 Complete this table for your five highest c               | ompensated in   | dep  | end  | ent c | ont          | racto                        | ors 1       | that received more than                  | \$100,000 of com                         | pensa | ation fron                                   |                       |
| the organization. Report compensation for (A)   | -   |  |  |       |              |                              |             |  |  |       | (C)  |                       |
| Name and busines  | s address   | N  | ON   | E     |              |                              |             | Description of                           | services                                 | С     | ompensa                                      | tion                  |
|   |   |  |  |       |              |                              |             |  |  | ·     |  |                       |
|   |   |  |  | ···-  |              |                              |             |  |  |       |  |                       |
|   |   |  | _  |       |              |                              |             |  |  |       |  |                       |
|   |   |  |  |       |              |                              |             | 1  |  |       |  |                       |
|   |   |  |  |       |              |                              |             |  |  |       |  | •                     |
| Total number of independent contractors     \$100,000 of compensation from the organ            |   | not l  | ımıte  | d to  |              | ose li                       | ste         | d above) who received i                  | nore than                                |       |  |                       |
| \$ 100,000 of componsation nom the digar  |   |  |  |       |              | <u></u>                      |             |  |  |       | Form 99                                      | 0 (2012)              |

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| -   |          | Check if Schedule O cont                | ains a response                         | to any question in   | this Part VIII       |  |   |   |
|---|----------|---|---|----------------------|----------------------|--|---|---|
|   |          | Check ii Constant C Cont                | unis a response                         | to any quadric       | (A)<br>Total revenue | (B) Related or exempt function revenue           | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |          | March archin disan                      | . 1a                                    |                      |                      |  |   |   |
| A, G  | С        | Fundraising events                      | 1c                                      |                      |                      |  |   |   |
| a it  | d        | Related organizations                   | . 1d                                    |                      |                      |  |   | ļ   |
| S.E   | е        | Government grants (contribut            | ions) 1e                                | 449,873.             |                      |  |   |   |
| P S   | f        | All other contributions, gifts, gran    | ts, and                                 |                      |                      |  |   |   |
| 돌림  |          | similar amounts not included abo        | ve 1f                                   | 37,197.              |                      |  |   |   |
| 달임  | g        | Noncash contributions included in lines | 1a-1f \$                                |                      |                      |  |   |   |
| ರ್ ೯  | h        | Total. Add lines 1a-1f                  |   | . •                  | 487,070.             |  |   |   |
|   |          |   |   | Business Code        |                      |  |   |   |
| 8   | 2 a      |   |   |                      |                      |  |   | <u> </u>  |
| او چ  | b        |   |   |                      |                      |  |   |   |
| S 5   | С        |   |   |                      |                      |  |   | ļ .   |
| <b>E a</b>  | d        |   |   |                      |                      |  |   |   |
| Program Service<br>Revenue                                | е        |   |   |                      |                      |  |   |   |
| ۵   | -        | All other program service reve          | enue                                    |                      | <del> </del>         |  |   | <del> </del>  |
|   |          | Total. Add lines 2a-2f                  |   | <b></b>              |                      |  |   |   |
|   | 3        | Investment income (including            | dividends, intere                       |                      | 0.47                 |  |   | 947.  |
|   |          |   |   | 🟲 📙                  | 947.                 |  | ·                                       | 341.  |
|   | 4        | Income from investment of ta            | x-exempt bona p                         | proceeds             |                      |  | <del></del>                             | -   |
|   | 5        | Royalties                               | (i) Real                                | (ii) Personal        | <del></del> -        |  |   |   |
|   | 6 -      | Gross rents                             | (I) Neal                                | (ii) Fersonal        |                      |  |   |   |
|   | 6 a      |   |   |                      |                      |  |   |   |
|   | b        | D 1.1                                   |   |                      |                      |  |   | İ   |
|   |          | Net rental income or (loss)             |   | <u> </u>             |                      |  |   |   |
|   |          | Gross amount from sales of              | (i) Securities                          | (ii) Other           |                      |  |   |   |
|   | , .      | assets other than inventory             |   |                      |                      |  |   |   |
|   | b        | Less, cost or other basis               |   |                      |                      |  |   |   |
|   | -        | and sales expenses                      |   |                      |                      |  |   |   |
|   | c        | Gain or (loss)                          |   |                      |                      |  |   |   |
|   | d        |   |   | . •                  |                      |  |   |   |
| <u>.</u>  | 8 a      | Gross income from fundraising           | ng events (not                          |                      |                      |  |   |   |
|   |          | including \$                            | of                                      |                      |                      |  |   |   |
| eve   |          | contributions reported on line          | 1c). See                                |                      |                      |  |   |   |
| Other Revenu  |          | Part IV, line 18                        | a                                       | ·                    |                      |  |   |   |
| )th   | _        | Less: direct expenses                   | b                                       | ·                    |                      |  |   |   |
|   |          | Net income or (loss) from fun           | -                                       | <u> </u>             |                      |  |   |   |
|   | 9 a      | Gross income from gaming a              |   | ļ                    |                      | !  |   |   |
|   |          | Part IV, line 19                        |   |                      |                      |  |   |   |
|   |          | Less: direct expenses                   | b                                       | `                    |                      |  |   | İ   |
| 1   |          | Net income or (loss) from gar           |   | P                    |                      |  |   | <del> </del>  |
|   | 10 a     | Gross sales of inventory, less          |   |                      |                      |  |   |   |
|   |          | and allowances                          |   |                      |                      |  |   |   |
|   |          | Less: cost of goods sold                | b                                       | `                    |                      |  |   |   |
|   | <u>c</u> | Net income or (loss) from sale          |   | Business Code        |                      |  |   | <del>- </del>   |
|   | -        | Miscellaneous Revenu                    |   | Business Code 532420 | 3,779.               | 3,779.   |   |   |
|   | 1        | Miscellaneous :                         |   | 332440               | 3,113.               | 3,113.   |   | <del> </del>  |
|   | b        |   |   |                      |                      | <del>                                     </del> |   | 1   |
|   | l d      |   |   |                      |                      |  |   |   |
|   | 1        | Total. Add lines 11a-11d                | • |                      | 3,779.               |  |   |   |
|   | ٠. ا     | Total sevenue Con instructions          | •                                       |                      | 101 706              | 3 779  | 0                                       | 947   |

| Section   | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a response  |                |                             | mplete column (A).              |  |
|-----------|--|----------------|-----------------------------|---------------------------------|--|
| Do 1      | not include amounts reported on lines 6b,  | (A)            | (B)                         | (C)                             | (D)                                    |
|           | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses                |
| 1         | Grants and other assistance to governments and   |                |                             |                                 |  |
|           | organizations in the United States. See Part IV, line 21   | 324,446.       | 324,446.                    |                                 |  |
| 2         | Grants and other assistance to individuals in  |                |                             |                                 |  |
|           | the United States. See Part IV, line 22  | 43,436.        | 43,436.                     |                                 |  |
| 3         | Grants and other assistance to governments,  |                |                             |                                 |  |
|           | organizations, and individuals outside the   |                |                             |                                 |  |
|           | United States. See Part IV, lines 15 and 16  | [              |                             |                                 |  |
| 4         | Benefits paid to or for members  |                |                             |                                 |  |
| 5         | Compensation of current officers, directors,   |                |                             |                                 |  |
| 3         | trustees, and key employees  |                |                             |                                 |  |
| _         | - · · · · ·  |                |                             |                                 |  |
| 6         | Compensation not included above, to disqualified   |                |                             |                                 |  |
|           | persons (as defined under section 4958(f)(1)) and  |                |                             |                                 |  |
|           | persons described in section 4958(c)(3)(B)   | <u> </u>       | 40.000                      | 21 126                          |  |
| 7         | Other salaries and wages   | 72,024.        | 40,888.                     | 31,136.                         | · · · · · · · · · · · · · · · · · · ·  |
| 8         | Pension plan accruals and contributions (include   |                | ļ                           |                                 |  |
|           | section 401(k) and 403(b) employer contributions)  |                |                             |                                 |  |
| 9         | Other employee benefits  | 11,305.        | 6,418.                      | 4,887.                          |  |
| 10        | Payroll taxes  | 6,695.         | 3,801.                      | 2,894.                          |  |
| 11        | Fees for services (non-employees):   |                |                             |                                 |  |
| а         | Management   |                |                             |                                 |  |
| b         | Legal  |                |                             |                                 |  |
| ~         | Accounting   | 21,166.        | 12,065.                     | 9,101.                          |  |
| d         |  | 22/2000        |                             |                                 |  |
| _         | Professional fundraising services. See Part IV, line 17  |                |                             |                                 |  |
| e         |  | ·              | <del>-</del>                |                                 |  |
| f         | Investment management fees   |                | <del></del>                 |                                 | ······································ |
| g         | Other. (If line 11g amount exceeds 10% of line 25,   | 4 067          | 4 067                       |                                 |  |
|           | column (A) amount, list line 11g expenses on Sch 0.)   | 4,867.         | 4,867.                      |                                 |  |
| 12        | Advertising and promotion .  | 904.           | 904.                        | 2.700                           |  |
| 13        | Office expenses  | 6,099.         | 2,300.                      | 3,799.                          |  |
| 14        | Information technology   |                |                             |                                 |  |
| 15        | Royalties  |                |                             |                                 | <del></del>                            |
| 16        | Occupancy  | 17,056.        | 9,722.                      | 7,334.                          | · · · · · · · · · · · · · · · · · · ·  |
| 17        | Travel   | 238.           | 238.                        |                                 |  |
| 18        | Payments of travel or entertainment expenses   |                |                             |                                 |  |
|           | for any federal, state, or local public officials  |                |                             |                                 |  |
| 19        | Conferences, conventions, and meetings   | 4,356.         | 3,647.                      | 709.                            |  |
| 20        |  |                |                             |                                 |  |
|           | Payments to affiliates   |                |                             |                                 |  |
| 21        | Depreciation, depletion, and amortization  | 4,030.         | 2,297.                      | 1,733.                          |  |
| 22        |  | 1,271.         | 724.                        | 547.                            |  |
| 23        | Insurance  | 1,411.         |                             | <u> </u>                        | •                                      |
| 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 0.) |                |                             |                                 |  |
| а         | D  | 6,298.         | 6,298.                      |                                 |  |
| a<br>b    | Memberships  | 1,165.         | 1,165.                      |                                 |  |
| _         | Miscellaneous  | 121.           |                             | 121.                            |  |
| C         | WIPCETTUREOUS  | 1410           |                             | +4+•                            |  |
| d         | All all and an area  |                | <u></u>                     |                                 |  |
| е         | All other expenses   | EOE 488        | 162 216                     | 62 261                          |  |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e   | 525,477.       | 463,216.                    | 62,261.                         | 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 If following SOP 98-2 (ASC 958-720)   |                |                             | l                               |  |

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 17,777 47,477. Cash - non-interest-bearing . . . . 101,760 Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ..... . .. . .. Loans and other 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 instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ... 16,275. 14,437. 12,199. 4,076 Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,154. 4,666. Other assets. See Part IV, line 11 15 15 64,342. Total assets. Add lines 1 through 15 (must equal line 34) 135,128. 16 16 40,233. 28,137. Accounts payable and accrued expenses 17 17 18 Grants payable 18 25,009. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other 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 Unsecured notes and loans payable to unrelated third parties . .. 24 24 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 65.242. 28.137. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets .. . 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30 0. Paid-in or capital surplus, or land, building, or equipment fund ... 0. 31 31 69,886. 36,205. Retained earnings, endowment, accumulated income, or other funds 32 32 69,886. 36,205. 33 Total net assets or fund balances ..... 33 135,128. 64,342. Total liabilities and net assets/fund balances

| orm        | 990 (2012) East Central Regional Arts Council  | <u> </u>   | <u> 707</u>   | Pa   | ge 12    |
|------------|--|------------|---------------|------|----------|
|            | t XI Reconciliation of Net Assets  |            |               |      |          |
|            | Check 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         |               |      | 96.      |
| 2          | Total expenses (must equal Part IX, column (A), line 25)   | 2          |               |      | 77.      |
| 3          | Revenue less expenses. Subtract line 2 from line 1   | 3          |               |      | 81.      |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 69            | 9,8  | 86.      |
| 5          | Net unrealized gains (losses) on investments   | 5          |               |      |          |
| 6          | Donated services and use of facilities   | 6          |               |      |          |
| 7          | Investment expenses  | 7          |               |      |          |
| 8          | Prior period adjustments   | 8          |               |      |          |
| 9          | Other changes in net assets or fund balances (explain in Schedule O)   | 9          |               |      | 0.       |
| 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 | 1          |               |      |          |
|            | column (B))  | 10         | 36            | 5, 2 | 05.      |
| Pa         | t XII Financial Statements and Reporting   |            |               |      |          |
|            | Check if Schedule O contains a response to any question in this Part XII   |            |               |      | <u> </u> |
|            |  |            | $\rightarrow$ | Yes  | No       |
| 1          | Accounting method used to prepare the Form 990: Cash X Accrual Other   |            |               |      |          |
|            | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | Ο.         |               |      | -        |
| <b>2</b> a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a            |      | X        |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | l on a     |               |      |          |
|            | separate basis, consolidated basis, or both:   |            |               |      |          |
|            | Separate basis Consolidated basis Both consolidated and separate basis   |            | 1             |      |          |
| b          | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b            | X    | -        |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis,   |               |      |          |
|            | consolidated basis, or both:   |            |               |      |          |
|            | X Separate basis Consolidated basis Both consolidated and separate basis   |            |               |      |          |
| C          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt,   | 1 1           |      |          |
|            | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c            |      | X        |
|            | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |               |      |          |
| За         | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit |               |      |          |
|            | Act and OMB Circular A-133?  |            | 3a            |      | X        |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit | 1 1           |      |          |
|            | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3b            |      | <u> </u> |
|            |  |            | Form          | 990  | (2012)   |

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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.

OMB No 1545-0047

2012

Open to Public Inspection

| Name of     | the organizati  | on                     |                             |  |                                       |                                       |   |               | Employer                                | identificati        | on nu    | mber    |
|-------------|---|------------------------|-----------------------------|--|---------------------------------------|---------------------------------------|---|---------------|---|---------------------|----------|---------|
|             |   | East Ce                | ntral Region                | al Ar  | ts Co                                 | uncil                                 |   |               |   | 7-3386              | 367      | _       |
| Part I      | Reason  | for Public Char        | ity Status (All organiz     | ations mus                                       | st complet                            | e this part                           | ) See inst                              | ructions      |   |                     |          |         |
| The organ   | ization is not a  | private foundation I   | because it is: (For lines 1 | through 1  | 1, check o                            | only one b                            | ox)                                     |               |   |                     |          |         |
| 1 🗀         |   | •                      | s, or association of churc  |  |                                       |                                       |   |               |   |                     |          |         |
| 2 🔲         | A school des  | cribed in section 17   | 0(b)(1)(A)(ii). (Attach Sc  | hedule E.)                                       |                                       |                                       |   |               |   |                     |          |         |
| 3 🗔         |   |                        | tal service organization of |  | n section                             | 170(b)(1)(                            | (A)(iii).                               |               |   |                     |          |         |
| 4           | · ·   | -                      | operated in conjunction     |  |                                       |                                       |   | (b)(1)(A)     | (iii). Enter                            | the hospital        | 's nam   | 10.     |
| ·           | city, and state   | =                      | ,                           |  |                                       |                                       |   | ·-/·          | (,-                                     |                     |          | •       |
| 5           | •   |                        | benefit of a college or ur  | niversity ov                                     | vned or on                            | erated by                             | a governr                               | nental u      | nrt describ                             | ed in               |          |         |
| •           | •   | (b)(1)(A)(iv). (Comple | •                           | ,  |                                       | ,                                     | <b>3</b>                                |               |   |                     |          |         |
| 6 🗆         |   |                        |                             | t described                                      | l in sectio                           | n 170/h)/1                            | ινανω                                   |               |   |                     |          |         |
| 7 🗓         | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
| نما ،       |   | b)(1)(A)(vi). (Comple  |                             | or no capp                                       | on nom u                              | 9010111110                            | intal anni o                            |               | .o goo.a.                               | pub ucco            |          |         |
| в 🔲         |   |                        | ection 170(b)(1)(A)(vi).    | (Complete  | Part II \                             |                                       |   |               |   |                     |          |         |
| 9 🗀         | •   |                        | eives: (1) more than 33 1   |  |                                       | rom contri                            | hutions m                               | nembers       | hin fees a                              | and aross rea       | reints   | from    |
| نــا و      | -   | -                      | nctions - subject to certa  |  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        | axable income (less sect    |  |                                       |                                       |   |               |   |                     |          |         |
|             |   | 509(a)(2). (Complete   | •                           |  | , , , , , , , , , , , , , , , , , , , | 0000000                               | aoquilou D                              | <i>y</i>      | <b>Jui 112</b> 411011                   | untor ourro c       | ,,       | ٠.      |
| 10          |   |                        | perated exclusively to te   | st for publi                                     | c safety S                            | See sectio                            | n 509(a)(4                              | ı <b>n</b>    |   |                     |          |         |
| 11          | •   |                        | perated exclusively for the | -  | -                                     |                                       |   | -             | rry out the                             | numoses c           | of one   | or      |
|             | -   |                        | ations described in secti   |  |                                       |                                       |   |               |   |                     |          | -       |
|             |   | •                      | organization and compl      |  | -                                     |                                       | -,                                      |               | J(L)(L)                                 |                     |          |         |
|             | a Type  |                        | · —                         | ype III - Fui                                    |                                       |                                       |   | ı 🗀 т\        | pe III - No                             | n-functional        | lv inted | arated  |
| ₄□          |   |                        | it the organization is not  |  | -                                     | -                                     |   | •             | •                                       |                     |          | _       |
| ٠           | -   |                        | han one or more publicly    |  |                                       |                                       |   |               |   |                     |          |         |
| f           |   | -                      | ten determination from      |  |                                       |                                       |   |               | (-)(-)                                  |                     | (-)(-)   |         |
| •           |   | rganization, check th  |                             |  |                                       |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |   |                     |          |         |
| g           |   | -                      | organization accepted ar    | nv aift or co                                    | ontribution                           | · · · · · · · · · · · · · · · · · · · | of the follo                            | owina be      | ersons?                                 |                     |          |         |
| 9           |   |                        | irectly controls, either al |  |                                       |                                       |   |               |   | <i>l</i> .          | Yes      | No      |
|             |   |                        | upported organization?      |  |                                       |                                       |   | `,            | ` '                                     | 11g(i)              |          |         |
|             | _   | • .                    | n described in (i) above?   | ,  | •                                     |                                       | •                                       | -             |   | 11g(ii)             |          |         |
|             | . ,   | •                      | person described in (i)     |  | ∍?                                    |                                       |   | •             | •                                       | 11g(iii)            |          |         |
| h           |   | •                      | about the supported or      |  |                                       | •                                     |   |               | • | ··· Limited Science |          |         |
| ••          | ,   | 5.15.11.1.1g           | about the supported at      | <b>J</b>   | (-)-                                  |                                       |   |               |   |                     |          |         |
| (i) Nome    | of supported  | (ii) EIN               | (iii) Type of organization  | (iv) Is the c                                    | rganization                           | (v) Did vo                            | u notify the                            | (vi)          | Is the                                  | (vii) Amoun         | t of mo  | netary  |
|             | e of supported<br>janization  | (11) CIN               | (described on lines 1-9     | in col. (i) lis                                  | sted in your                          | organizat                             | tion in col.                            | organiza      | ition in col.<br>nized in the           | 1 ' '               | port     | notal y |
| o, g        | Junization  |                        | above or IRC section        | governing  | document?                             | (i) of you                            | r support?                              | \ <b>``</b> , | .S.?                                    |                     | ,        |         |
|             |   |                        | (see instructions))         | Yes  | No                                    | Yes                                   | No                                      | Yes           | No                                      | 1                   |          |         |
|             |   |                        |                             | <del>                                     </del> |                                       |                                       | <u> </u>                                | 1             | <del> </del>                            | <u> </u>            |          |         |
|             |   |                        |                             | -  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        |                             | 1  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
| <del></del> |   |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        | 1                           | 1  |                                       |                                       |   |               |   |                     |          |         |
|             |   |                        |                             | †  |                                       | <b>—</b> ——                           |   |               | -                                       | <b> </b>            |          |         |
|             |   |                        |                             |  |                                       |                                       |   |               |   |                     |          |         |
|             |   | 1.                     |                             | 1  |                                       |                                       | 1                                       |               |   |                     |          |         |
|             |   |                        | I                           |  | [                                     |                                       | 1                                       | 1             |   |                     |          |         |

Schedule A (Form 990 or 990-EZ) 2012 East Central Regional Arts Council 27-3386367 Page 2

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)

| Sec         | tion A. Public Support                      |                    |                    |                         |                      |                     |              |
|-------------|---|--------------------|--------------------|-------------------------|----------------------|---------------------|--------------|
| Cale        | ndar year (or fiscal year beginning in)     | (a) 2008           | (b) 2009           | (c) 2010                | (d) 2011             | (e) 2012            | (f) Total    |
| 1           | Gifts, grants, contributions, and           |                    |                    |                         |                      |                     |              |
|             | membership fees received. (Do not           |                    |                    |                         |                      |                     |              |
|             | include any "unusual grants.")              |                    |                    | 96,166.                 | 420,502.             | 487,070.            | 1003738.     |
| 2           | Tax revenues levied for the organ-          |                    |                    |                         |                      |                     |              |
|             | ization's benefit and either paid to        |                    |                    |                         |                      |                     |              |
|             | or expended on its behalf                   |                    |                    |                         |                      |                     |              |
|             | The value of services or facilities         |                    |                    |                         |                      |                     |              |
| -           | furnished by a governmental unit to         |                    |                    |                         |                      | ·                   |              |
|             | the organization without charge             |                    |                    |                         |                      |                     |              |
|             | Total. Add lines 1 through 3                |                    |                    | 96,166.                 | 420,502.             | 487,070.            | 1003738.     |
|             | The portion of total contributions          |                    |                    | •                       |                      |                     |              |
| -           | by each person (other than a                |                    |                    |                         |                      |                     |              |
|             | governmental unit or publicly               |                    |                    |                         |                      |                     |              |
|             | supported organization) included            |                    |                    | 1                       |                      |                     |              |
|             | on line 1 that exceeds 2% of the            |                    |                    |                         |                      |                     |              |
|             | amount shown on line 11,                    |                    |                    |                         |                      |                     |              |
|             | column (f)                                  |                    |                    |                         |                      |                     |              |
| 6           | Public support. Subtract line 5 from line 4 |                    |                    |                         |                      |                     | 1003738.     |
|             | tion B. Total Support                       |                    |                    |                         |                      |                     |              |
|             | ndar year (or fiscal year beginning in)     | (a) 2008           | <b>(b)</b> 2009    | (c) 2010                | (d) 2011             | (e) 2012            | (f) Total    |
|             | Amounts from line 4                         |                    |                    | 96,166.                 | 420,502.             | 487,070.            | 1003738.     |
|             | Gross income from interest.                 |                    |                    |                         |                      |                     |              |
|             | dividends, payments received on             |                    |                    |                         |                      |                     |              |
|             | securities loans, rents, royalties          |                    |                    |                         |                      |                     |              |
|             | and income from similar sources             |                    |                    |                         | 1,251.               | 947.                | 2,198.       |
| ۵           | Net income from unrelated business          |                    |                    |                         |                      |                     | •            |
| Ū           | activities, whether or not the              |                    |                    |                         |                      |                     |              |
|             | business is regularly carried on            |                    |                    |                         |                      |                     |              |
| 10          | Other income Do not include gain            |                    |                    |                         |                      |                     |              |
|             | or loss from the sale of capital            | 1                  |                    |                         |                      |                     |              |
|             | assets (Explain in Part IV.)                | ·                  |                    | 213.                    | 145.                 | 3,779.              | 4,137.       |
| 11          | Total support. Add lines 7 through 10       |                    |                    |                         |                      | 4                   | 1010073.     |
|             | Gross receipts from related activities,     | etc (see instructi | ons)               |                         | ·                    | 12                  |              |
|             | First five years. If the Form 990 is for    |                    |                    | rd, fourth, or fifth ta | ax year as a sectio  |                     |              |
|             | organization, check this box and stop       |                    |                    |                         |                      |                     | ightharpoons |
| Sec         | ction C. Computation of Publ                | ic Support Pe      | rcentage           |                         |                      |                     |              |
|             | Public support percentage for 2012 (I       |                    |                    | column (f))             |                      | 14                  | 99.37 %      |
|             | Public support percentage from 2011         |                    |                    |                         |                      | 15                  | 99.69 %      |
|             | 33 1/3% support test - 2012. If the c       |                    |                    | on line 13, and line    | 14 is 33 1/3% or n   | nore, check this bo | ox and       |
|             | stop here. The organization qualifies       |                    |                    |                         |                      |                     | . <b>▶</b> X |
| b           | 33 1/3% support test - 2011. If the o       |                    |                    |                         | I line 15 is 33 1/3% | or more, check tl   | nis box      |
|             | and stop here. The organization qual        |                    |                    |                         | ••                   |                     | . ▶□         |
| 17 <i>a</i> | 10% -facts-and-circumstances tes            |                    |                    |                         | e 13, 16a, or 16b,   | and line 14 is 10%  | or more,     |
|             | and if the organization meets the "fac      |                    |                    |                         |                      |                     |              |
|             | meets the "facts-and-circumstances"         |                    |                    |                         |                      |                     | . ▶□         |
| Ŀ           | 10% -facts-and-circumstances tes            |                    |                    |                         |                      | 17a, and line 15 is | 10% or       |
|             | more, and if the organization meets the     |                    |                    |                         |                      |                     |              |
|             | organization meets the "facts-and-circ      |                    |                    |                         |                      |                     | . ▶□         |
| 18          | Private foundation. If the organization     | n did not check a  | box on line 13, 10 | 6a, 16b, 17a, or 17l    | b, check this box a  | and see instruction | ns 🕨         |

# Schedule A (Form 990 or 990-EZ) 2012 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

| Section A. Public Support  | ow, please com     | piete Part II.)       |                        | <del>-</del>                            | · · · · · · · · · · · · · · · · · · · |            |
|--|--------------------|-----------------------|------------------------|---|---------------------------------------|------------|
| Calendar year (or fiscal year beginning in)  | /-\ 2008           | (b) 2000              | (2) 2010               | (d) 2011                                | (e) 2012                              | (6 Total   |
| •  | (a) 2008           | (b) 2009              | (c) 2010               | (a) 2011                                | (e) 2012                              | (f) Total  |
| 1 Gifts, grants, contributions, and  |                    |                       |                        | }                                       | Į į                                   |            |
| membership fees received. (Do not  |                    |                       |                        |   |                                       |            |
| include any "unusual grants.")   | <del> </del>       |                       |                        |   |                                       |            |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                       |                        |   |                                       |            |
| 3 Gross receipts from activities that  |                    |                       |                        |   |                                       |            |
| are not an unrelated trade or bus-   |                    |                       |                        |   |                                       |            |
| iness under section 513  |                    |                       |                        |   |                                       |            |
| 4 Tax revenues levied for the organ-   |                    |                       |                        | ļ                                       |                                       |            |
| ization's benefit and either paid to   |                    |                       | }                      | 1                                       | 1                                     |            |
| or expended on its behalf  |                    |                       |                        |   |                                       |            |
| 5 The value of services or facilities  |                    |                       |                        |   |                                       |            |
| furnished by a governmental unit to  |                    |                       |                        |   |                                       |            |
| the organization without charge  |                    |                       |                        |   |                                       |            |
| 6 Total, Add lines 1 through 5   |                    |                       |                        |   |                                       |            |
| 7a Amounts included on lines 1, 2, and   |                    |                       |                        |   |                                       |            |
| 3 received from disqualified persons   |                    |                       |                        |   |                                       |            |
| b Amounts included on lines 2 and 3 received   |                    | <u> </u>              |                        |   |                                       |            |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                    |                       |                        |   |                                       |            |
| c Add lines 7a and 7b  |                    |                       |                        |   |                                       |            |
| 8 Public support (Subtract line 7c from line 6)  |                    |                       |                        |   |                                       |            |
| Section B. Total Support   |                    | <u> </u>              |                        | <u> </u>                                | <del> </del>                          | <u> </u>   |
| Calendar year (or fiscal year beginning in)  | (a) 2008           | (b) 2009              | (c) 2010               | (d) 2011                                | (e) 2012                              | (f) Total  |
| 9 Amounts from line 6  | <u> </u>           | 10/2000               | (0) = 0.10             | 1 | (4) = 3 + 2                           | (1)        |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                |                    |                       |                        |   |                                       |            |
| <b>b</b> Unrelated business taxable income   |                    |                       |                        |   |                                       |            |
| (less section 511 taxes) from businesses   |                    |                       |                        |   |                                       |            |
| acquired after June 30, 1975   |                    | <u> </u>              | <u> </u>               |   | <u> </u>                              |            |
| 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 carned on  |                    |                       |                        |   |                                       |            |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                    |                       |                        |   |                                       |            |
| 13 Total support. (Add lines 9, 10c, 11, and 12)   |                    | <u> </u>              | l                      |   |                                       |            |
| 14 First five years. If the Form 990 is for the  | the organization   | 's first, second, the | rd, fourth, or fifth t | ax year as a secti                      | on 501(c)(3) organiz                  | zation,    |
| check this box and stop here   |                    |                       |                        |   | <u></u>                               | <u>.</u> ▶ |
| Section C. Computation of Public   | Support Pe         | ercentage             |                        |   |                                       |            |
| 15 Public support percentage for 2012 (lir   | ne 8, column (f) o | divided by line 13,   | column (f))            |   | 15                                    |            |
| 16 Public support percentage from 2011   | Schedule A, Par    | t III, line 15        |                        | ··                                      | 16                                    |            |
| Section D. Computation of Inves  |                    |                       |                        |   |                                       |            |
| 17 Investment income percentage for 201  | i2 (line 10c, colu | ımn (f) divided by li | ne 13, column (f))     |   | 17                                    |            |
| 18 Investment income percentage from 2   |                    |                       | . <u>.</u>             |   | 18                                    |            |
| 19a 33 1/3% support tests - 2012. If the c   |                    |                       | on line 14, and lin    | e 15 is more than                       | 33 1/3%, and line 1                   | 17 is not  |
| more than 33 1/3%, check this box an   |                    |                       |                        |   |                                       | ▶□         |
| b 33 1/3% support tests - 2011. If the o   |                    |                       |                        |   |                                       | and        |
| line 18 is not more than 33 1/3%, chec   |                    |                       |                        |   |                                       |            |
| OO Drivets form detien little erconnection   |                    |                       | •                      |   |                                       |            |

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012 Open to Public Inspection

Employer identification number

Name of the organization

East Central Regional Arts Council 27-3386367

| Par | t I Organizations Maintaining Donor Advise  | d Funds or Other Similar Funds                  | or Accounts. Complete if the                  |
|-----|---|---|---|
|     | organization answered "Yes" to Form 990, Part IV, line                                      | e 6.  |   |
|     |   | (a) Donor advised funds                         | (b) Funds and other accounts                  |
| 1   | Total number at end of year   |   |   |
| 2   | Aggregate contributions to (during year)  |   |   |
|     | Aggregate grants from (during year)   |   |   |
|     | Aggregate value at end of year  |   |   |
| 5   | Did the organization inform all donors and donor advisors in                                | writing that the assets held in donor advise    | d funds                                       |
| •   | are the organization's property, subject to the organization's                              |   | Yes No  |
| 6   | Did the organization inform all grantees, donors, and donor a                               |   | sed only                                      |
| Ü   | for chantable purposes and not for the benefit of the donor of                              |   |   |
|     | impermissible private benefit?  | of deficit devices, or for any exiter perpose a | Yes No  |
| Par |   | nanization answered "Yes" to Form 990. Pa       |   |
|     | Purpose(s) of conservation easements held by the organizat                                  |   |   |
| •   | Preservation of land for public use (e.g., recreation or e                                  |   | orically important land area                  |
|     | Protection of natural habitat   | Preservation of a certific                      | • •   |
|     |   | resorvation or a continu                        | od Historio structuro                         |
| _   | Preservation of open space  Complete lines 2a through 2d if the organization held a quality | find concentration contribution in the form of  | f a conservation easement on the last         |
| 2   | -   | ned conservation contribution at the form o     | a conservation easement on the last           |
|     | day of the tax year.  |   | Held at the End of the Tax Year               |
|     | Total construction of an analysis and an analysis   |   | 2a  |
| a   | Total number of conservation easements  |   | 2b  |
| b   | Total acreage restricted by conservation easements  |   | 26<br>2c                                      |
| C   | Number of conservation easements on a certified historic str                                |   |   |
| d   | Number of conservation easements included in (c) acquired                                   | after 8/17/06, and not on a historic structur   | 1 1   |
|     | listed in the National Register   |   |   |
| 3   | Number of conservation easements modified, transferred, re                                  | eleased, extinguisned, or terminated by the     | organization during the tax                   |
|     | year ▶  |   |   |
| 4   | Number of states where property subject to conservation ea                                  |   |   |
| 5   | Does the organization have a written policy regarding the pe                                |   |   |
|     | violations, and enforcement of the conservation easements                                   |   | . L Yes L No                                  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting                                 |   |   |
| 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 170(r    |   |
|     | and section 170(h)(4)(B)(ii)?   |   | L Yes No                                      |
| 9   | In Part XIII, describe how the organization reports conservation                            |   |   |
|     | include, if applicable, the text of the footnote to the organization                        | ation's financial statements that describes t   | ne organization's accounting for              |
| -   | conservation easements. rt III   Organizations Maintaining Collections o                    | of Art Historical Transuras or Ot               | har Similar Assats                            |
| Pal | <del></del>   |   | nei Siiniai Assets.                           |
|     | Complete if the organization answered "Yes" to Form   |   |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (A                                 |   |   |
|     | historical treasures, or other similar assets held for public ex                            |   | ice of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that described                         |   |   |
| b   | If the organization elected, as permitted under SFAS 116 (A                                 |   |   |
|     | treasures, or other similar assets held for public exhibition, e                            | education, or research in furtherance of pub    | lic service, provide the following amounts    |
|     | relating to these items'  |   |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1  |   | <b>\$</b>                                     |
|     | •   |   | <b>▶</b> \$                                   |
| 2   | If the organization received or held works of art, historical tre                           | easures, or other similar assets for financial  | gain, provide                                 |
|     | the following amounts required to be reported under SFAS                                    | 116 (ASC 958) relating to these items:          |   |
| а   | Revenues included in Form 990, Part VIII, line 1  |   | . • \$  |
| b   | Assets included in Form 990, Part X   |   | <b>▶</b> \$                                   |

|       |   | ntral Regi                      |            |                |                       |             |                       | <u> 27-33</u> | <u>86367</u> | Page 2      |
|-------|---|---------------------------------|------------|----------------|-----------------------|-------------|-----------------------|---------------|--------------|-------------|
| Pai   | t III Organizations Maintaining C                 |                                 |            |                |                       |             |                       |               |              |             |
| 3     | Using the organization's acquisition, accessi     | on, and other record            | ds, chec   | k any of the   | following that        | at are a si | gnificant i           | use of its o  | collection r | tems        |
|       | (check all that apply):                           |                                 |            |                |                       |             |                       |               |              |             |
| а     | X Public exhibition                               | •                               |            |                | change progr          |             |                       |               |              |             |
| b     | Scholarly research                                | •                               | • 📖        | Other          |                       |             |                       | _             |              |             |
| С     | X Preservation for future generations             |                                 |            |                |                       |             |                       |               |              |             |
| 4     | Provide a description of the organization's co    | ollections and expla            | in how ti  | hey further t  | the organizati        | ion's exen  | npt purpo             | se in Part    | XIII.        |             |
| 5     | During the year, did the organization solicit of  |                                 |            |                |                       | er sımılar  | assets                |               | _            |             |
| Γ=-   | to be sold to raise funds rather than to be ma    |                                 |            |                |                       |             |                       |               | Yes          | X No        |
| Par   | t IV Escrow and Custodial Arran                   | gements. Compl                  | ete if the | e organization | on answered           | "Yes" to f  | orm 990               | , Part IV, lı | ne 9, or     |             |
|       | reported an amount on Form 990, Pa                | rt X, line 21.                  |            |                |                       |             |                       |               |              |             |
| 1a    | Is the organization an agent, trustee, custod     | an or other interme             | diary for  | contributio    | ns or other as        | ssets not i | ıncluded              |               |              |             |
|       | on Form 990, Part X?                              |                                 |            | -              |                       |             |                       |               | Yes          | No          |
| b     | If "Yes," explain the arrangement in Part XIII    | and complete the fo             | ollowing   | table          |                       |             |                       |               |              |             |
|       |   |                                 |            |                |                       |             |                       |               | Amount       |             |
|       | Beginning balance                                 |                                 |            |                |                       |             | 1c                    |               |              |             |
|       | Additions during the year                         |                                 |            |                | •                     |             | 1d                    |               |              |             |
| е     | Distributions during the year                     |                                 |            |                |                       |             | 1e                    |               |              |             |
| f     | Ending balance                                    |                                 |            |                |                       | -           | 1f                    |               |              |             |
|       | Did the organization include an amount on F       |                                 |            |                |                       |             |                       |               | Yes          | L No        |
|       | If "Yes," explain the arrangement in Part XIII    |                                 |            |                |                       |             |                       |               |              |             |
| Par   | t V Endowment Funds. Complete                     | f the organization ar           |            |                |                       |             |                       |               |              |             |
|       |   | (a) Current year                | (b) F      | rior year      | (c) Two yea           | rs back (   | d) Three y            | ears back     | (e) Four ye  | ars back    |
| 1a    | Beginning of year balance                         |                                 |            |                | <u> </u>              |             |                       |               |              |             |
| þ     | Contributions                                     |                                 |            |                | ļ                     |             |                       |               |              |             |
| С     | Net investment earnings, gains, and losses        |                                 |            |                |                       |             |                       |               |              |             |
| d     | Grants or scholarships                            |                                 |            | <del></del> -  |                       |             |                       |               |              |             |
| е     | Other expenditures for facilities                 |                                 |            |                |                       |             |                       | l             |              |             |
|       | and programs                                      |                                 |            |                |                       |             |                       |               |              |             |
| f     | Administrative expenses                           |                                 |            |                |                       |             | · <u>.</u>            |               |              |             |
| g     | End of year balance                               |                                 |            |                | 1                     |             |                       |               |              |             |
| 2     | Provide the estimated percentage of the cur       | •                               | ce (line 1 | g, column (    | a)) held as:          |             |                       |               |              |             |
| а     | Board designated or quasi-endowment               |                                 | %          |                |                       |             |                       |               |              |             |
| b     | Permanent endowment                               | %                               |            |                |                       |             |                       |               |              |             |
| С     | Temporanly restricted endowment                   | %                               |            |                |                       |             |                       |               |              |             |
|       | The percentages in lines 2a, 2b, and 2c shou      | •                               |            |                |                       |             |                       |               |              |             |
| 3a    | Are there endowment funds not in the posse        | ession of the organiz           | ation th   | at are held a  | and administe         | ered for th | ie organiz            | ation         |              |             |
|       | by:   |                                 |            |                |                       |             |                       |               | Υ            | es No       |
|       | (i) unrelated organizations                       |                                 |            | -              |                       | ••          |                       |               | 3a(i)        |             |
|       | (ii) related organizations                        |                                 |            |                |                       |             |                       |               | 3a(ii)       |             |
| b     | If "Yes" to 3a(ii), are the related organizations |                                 |            |                |                       |             |                       |               | 3b           |             |
| 4     | Describe in Part XIII the intended uses of the    |                                 |            |                |                       |             | <del></del>           |               |              |             |
| Pai   | t VI Land, Buildings, and Equipm                  |                                 |            | i              | ,                     |             |                       |               |              |             |
|       | Description of property                           | (a) Cost or o<br>basis (investi |            | 1              | t or other<br>(other) |             | cumulate<br>reciation | d             | (d) Book v   | alue        |
| 1a    | Land  |                                 |            |                |                       |             |                       |               |              |             |
| b     | Buildings   |                                 |            |                |                       |             |                       |               |              |             |
| С     | Leasehold improvements                            |                                 |            |                |                       |             |                       |               |              | <del></del> |
| d     | Equipment   |                                 |            |                | 6,853.                |             | 2,38                  |               |              | ,468.       |
|       | Other   |                                 |            |                | 9,422.                |             | 1,69                  | 91.           | 7            | 731.        |
| Total | . Add lines 1a through 1e (Column (d) must e      | qual Form 990, Part             | X, colur   | mn (B), line   | 10(c))                |             |                       | <b>&gt;</b>   | 12           | ,199.       |

Schedule D (Form 990) 2012

| Schedule D (Form 990) 2012 East Central Rart VIII Investments - Other Securities. See | Regional A            | Arts Council                          | 27-                   | -3386367 Page 3                       |
|---|-----------------------|---------------------------------------|-----------------------|---------------------------------------|
| (a) Description of security or category (including name of security)                  | (b) Book value        |                                       | aluation: Cost or end | -of-year market value                 |
| (A) F ! 1 1 !   | (D) DOOK VAIUS        | (C) WELFOOD OF VE                     | adation. Cost of end  | or year market value                  |
| (1) Financial derivatives   |                       |                                       |                       |                                       |
| (2) Closely-neid equity interests   |                       |                                       |                       |                                       |
| (A)   |                       |                                       |                       |                                       |
| (B)   |                       |                                       |                       |                                       |
| (C)   | · ·                   |                                       |                       | <del></del>                           |
| (D)   |                       |                                       |                       | -                                     |
| (E)   |                       |                                       |                       |                                       |
| (F)   |                       | -                                     |                       | <del></del>                           |
| (G)   |                       |                                       |                       |                                       |
| (H)   |                       |                                       |                       |                                       |
| (1)   |                       |                                       |                       |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                      |                       |                                       |                       |                                       |
| Part VIII Investments - Program Related. See  | Form 990, Part X, lin |                                       |                       |                                       |
| (a) Description of investment type  | (b) Book value        | (c) Method of va                      | aluation Cost or end  | -of-year market value                 |
| (1)   |                       |                                       |                       |                                       |
| (2)   |                       |                                       |                       |                                       |
| (3)   | <del></del>           |                                       |                       |                                       |
| (4)   |                       |                                       |                       | · · · · · · · · · · · · · · · · · · · |
| (5)   |                       |                                       |                       |                                       |
| (6)   |                       |                                       |                       |                                       |
|   |                       |                                       |                       |                                       |
| (8)   |                       |                                       |                       |                                       |
| (9)   |                       |                                       |                       |                                       |
| (10)  |                       |                                       |                       |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                      |                       |                                       |                       |                                       |
| Part IX Other Assets. See Form 990, Part X, line 1                                    |                       |                                       |                       | # 1 D = =1 = 1                        |
|   | Description           |                                       |                       | (b) Book value                        |
| (1) Security Deposit  |                       |                                       |                       | 1,154.                                |
| (2) Expense Reimb due from FRA  | ACM                   |                                       |                       | 3,512.                                |
| (3)   |                       |                                       |                       |                                       |
|   |                       |                                       |                       |                                       |
| (5)   |                       |                                       |                       |                                       |
| (6)   |                       |                                       | -                     | <u> </u>                              |
|   |                       |                                       |                       |                                       |
| (8)   |                       |                                       |                       |                                       |
| (9)   |                       |                                       |                       |                                       |
| (10) Total. (Column (b) must equal Form 990, Part X, col (B) line                     | 15)                   | ·                                     |                       | 4,666.                                |
| Part X Other Liabilities. See Form 990, Part X, III                                   |                       |                                       |                       | ±,000.                                |
| (a) Description of liability  | 110 20                | (b) Book value                        |                       |                                       |
| (1) Federal income taxes  |                       | <u></u>                               |                       |                                       |
| (2)   |                       |                                       |                       |                                       |
| (3)   |                       |                                       |                       |                                       |
| (4)   | _                     |                                       |                       |                                       |
| (5)   |                       | <del></del>                           | 1                     |                                       |
| (6)   |                       | · · · · · · · · · · · · · · · · · · · |                       |                                       |
| (7)   |                       |                                       |                       |                                       |
| (8)   |                       | At.,                                  |                       |                                       |
| (9)   |                       | ·                                     |                       |                                       |
| (10)  |                       | <del>-</del> -                        |                       |                                       |
| (11)  | ·                     |                                       |                       |                                       |
| Total. (Column (b) must equal Form 990, Part X, col (B) line                          | 25.)                  |                                       |                       |                                       |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text                          |                       | e organization's financia             | I statements that rec | orts the organization's               |
| liability for uncertain tax positions under FIN 48 (ASC 7-                            |                       |                                       |                       |                                       |

|           | edule D (Form 990) 2012 East Central Regional Arts Council  |         | 3386367 Page 4          |
|-----------|---|---------|-------------------------|
| Par       | TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per R   | eturn   |                         |
| 1         | Total revenue, gains, and other support per audited financial statements  | 1       | 491,796.                |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |         |                         |
| а         | Net unrealized gains on investments   |         |                         |
| b         | Donated services and use of facilities  |         |                         |
| c         | Recoveries of prior year grants   |         |                         |
| d         | Other (Describe in Part XIII.)  |         |                         |
| е         | Add lines 2a through 2d   | 2e      | 0.                      |
| 3         | Subtract line 2e from line 1  | 3       | 491,796.                |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |         | -                       |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                         |
| b         | Other (Describe in Part XIII ) 4b   |         |                         |
| С         | Add lines 4a and 4b   | 4c      | 0.                      |
| 5         | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5       | 491,796.                |
| Pa        | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Retur   | m                       |
| 1         | Total expenses and losses per audited financial statements  | 1       | 525,477.                |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25  |         |                         |
| а         | Donated services and use of facilities  |         |                         |
| b         | Prior year adjustments  |         |                         |
| С         | Other losses 2c 2c  |         |                         |
| d         | Other (Describe in Part XIII.)  |         |                         |
| е         | Add lines 2a through 2d   | 2e      | 0.                      |
| 3         | Subtract line 2e from line 1  | 3       | 525,477.                |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |         |                         |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                         |
| b         | Other (Describe in Part XIII.)  |         |                         |
| c         |   | 4c      | 0.                      |
| 5         | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   | 5       | 525,477.                |
| Pa        | rt XIII Supplemental Information  |         |                         |
| Com       | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 | b and 2 | b; Part V, line 4, Part |
| X, lın    | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat        | ion.    |                         |
| Pa        | rt III, line 4: The organization purchases award winning a  | rtwo    | ork each                |
|           |   |         |                         |
| yea       | ar as a prize for regional artists at its IMAGE Art Show.   | Wor     | rks of art              |
|           |   |         |                         |
| are       | e rotated through displays at the organization's offices,   | whic    | <u>ch are open</u>      |
|           |   |         |                         |
| <u>to</u> | the public.   |         |                         |
|           |   |         |                         |
|           |   |         | <del></del>             |
|           |   |         |                         |
|           |   |         | <del></del>             |
|           |   |         |                         |
|           |   |         |                         |
|           |   |         |                         |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

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

ş Employer identification number 27-3386367 (h) Purpose of grant deritage Fund Grant Weritage Fund Grant Heritage Fund Grant Heritage Fund Grant **Jeritage Fund Grant** Heritage Fund Grant or assistance Arts and Cultural Arts and Cultural Arts and Cultural Arts and Cultural Arts and Cultural Arts and Cultural X Yes 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 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 (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 15,000, 15,000, 4.057 45,480 9 995 9,759 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table East Central Regional Arts Council (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Foundation - 645 Old Main Street N Cambridge Humanities and Education 1 (a) Name and address of organization Chisago Lakes Community Education Cambridge Center for the Arts 144 South East Second Street Cambridge-Isanti Schools or government 6258 Main Street North 13289 St. Croix Avenue - Cambridge, MN 55008 Cambridge, MN 55008 Lindstrom, MN 55045 Cambridge, MN 55008 Name of the organization Braham, MN 55006 Braham, MN 55006 City of Braham Braham Pie Day P.O. Box 521 P.O. Box 383 Part I Part II

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

Schedule I (Form 990) (2012)

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Page 1

| Schedule I (Form 990) East Central Regional Arts Council   Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | Central Regional Arts dother Assistance to Governments and | nal Arts Co<br>vernments and Organ | Council<br>rganizations in the Ur | nited States (Sche                      | dule I (Form 990), Pa                                 |   | 27-3386367 Page 1   |
|--|--|------------------------------------|-----------------------------------|---|---|---|---|
|  | (b) EIN  | (c) IRC section<br>if applicable   | (d) Amount of<br>cash grant       | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| City of Milaca Park Commission<br>255 First Street East  |  |                                    | 15,000                            | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| City of Mora<br>101 Lake Street<br>Mora, MN 55051  |  |                                    | 688<br>6                          | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| City of Onamia<br>P.O. Box 186<br>Onamia, MN 55359   |  |                                    | 8 819                             | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| East Central Minnesota Chorale<br>616 Sunset Lane<br>Cambridge, MN 55008   |  |                                    | 17,016,                           | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| East Central Minnesota Pride<br>1030 Southview Avenue<br>Braham MN 55006   |  |                                    | .003                              | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| Fairview Elementary School<br>707 McLean Street<br>Mora, MN 55051  |  |                                    | 1,000,                            | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| Forecast Public Art<br>2324 University Avenue West<br>St. Paul, MN 55114   |  |                                    | .22,300.                          | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| Franconia Sculpture Park<br>29836 St. Croix Trail<br>Franconia, MN 55074   |  |                                    | 68 884.                           | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant                          |
| Isanti County Historical Society<br>33525 Flanders Street NE<br>Cambridge, MN 55008  |  |                                    | 1,615.                            | 0                                       |   |   | Arts and Cultural<br>Heritage Fund Grant<br>Schedule I (Form 990) |

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| Schedule I (Form 990) East Central Regional Arts Council   Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | ral Regio<br>Assistance to Go | nal Arts Colvernments and Organ  | Council                  | nited States (Sche                | dule I (Form 990), Par                                |   | 27-3386367 Page 1                                |
|--|-------------------------------|----------------------------------|--------------------------|-----------------------------------|---|---|--|
| (a) Name and address of organization or government   | (b) EIN                       | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance               |
| Kanabec County Agriculture Society<br>2775 - 215th Avenue<br>Mora, MN 55051  |                               |                                  | 500.                     | 0                                 |   |   | Arts and Cultural<br>Heritage Fund Grant         |
| Milaca Fine Arts Council<br>P.O. Box 361<br>Milaca, MN 56353   |                               |                                  | 8,695,                   | 0                                 |   |   | Arts and Cultural<br>Heritage Fund Grant         |
| Mille Lacs Area Parners for Youth<br>35465 - 125th Avenue<br>Onemia, MN 56359  |                               |                                  | 7,750                    | 0                                 |   |   | Arts and Cultural<br>Heritage <u>Fund Gra</u> nt |
| Mora Public Schools<br>400 Maple Avenue E<br>Mora, MN 55051  |                               |                                  | 13,244,                  | 0                                 |   |   | Arts and Cultural<br>Heritage Pund Grant         |
| Nemadji Community Resource Center<br>7564 Birch Street Suite C<br>Bruno, MN 55712  |                               |                                  | 12,847.                  | 0                                 | •   |   | Arts and Cultural<br>Heritage Fund Grant         |
| Onamia Public Schools<br>35465 - 125th Avenue<br>Onamia, MN 56359  |                               |                                  | 809                      | 0                                 |   |   | Arts and Cultural<br>Heritage Fund Grant         |
| Paradise Community Theater Association Inc P.O. Box 238 - Mora, MN 55051   |                               |                                  | 15,000,                  | 0                                 |   |   | Arts and Cultural<br>Heritage Pund Grant         |
| Pine Center for the Arts P.O. Box 308 Pine City, MN 55063  |                               |                                  | 500                      | 0                                 |   |   | Arts and Cultural<br>Heritage Fund Grant         |
| Princeton Area Visionary Committee<br>105 North Rum River Drive<br>Princeton, MN 55371   |                               |                                  | 1,700.                   | 0                                 |   |   | Arts and Cultural<br>Heritage Fund Grant         |

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|---|------------|
|   | 27-3386367 |

| 27-3386367 Page 1  | (h) Purpose of grant<br>or assistance                 | Arts and Cultural<br>Heritage Fund Grant   | Arts and Cultural<br>Heritage Fund Grant                            | Arts and Cultural<br>Heritage Fund Grant                                    |   |  |  | Schedule I (Form 990) |
|--|---|--|---|---|---|--|--|-----------------------|
|  | (g) Description of<br>non-cash assistance             |  |   |   |   |  |  |                       |
| edule I (Form 990), Pa   | (f) Method of valuation (book, FMV, appraisal, other) |  |   |   | · |  |  |                       |
| nited States (Sch  | (e) Amount of<br>non-cash<br>assistance               | o  | 0   | 0   |   |  |  |                       |
| Council  | (d) Amount of cash grant                              | 500.   | 16,587,   | 2,000.  |   |  |  |                       |
| nal Arts Co<br>vernments and Organ   | (c) IRC section<br>if applicable                      |  |   |   |   |  |  |                       |
| cal Regio  | (b) EIN   |  |   |   |   |  |  |                       |
| Schedule i (Form 990) East Central Regional Arts Council Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | (a) Name and address of organization or government    | Princeton Community Education -<br>ISD 477 - 706 First Street -<br>Princeton, MN 55371 | St. Croix River Education District P.O. Box 637 Rush City, MN 55069 | Wyoming Elementary Distric #831<br>25701 Forest Blvd N<br>Wyoming, MN 55092 |   |  |  |                       |

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27-3386367

Schedule I (Form 990) (2012) East Central Regional Arts Council

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States.

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant                | (d) Amount of non-<br>cash assistance  | (e) Method of valuation (book, FMV, appraisal, other)  | (f) Description of non-cash assistance |
|---|--------------------------|---|--|--|--|
|   |                          |   |  |  |  |
| Arts & Cultural Heritage Legacy Grants  | Ŋ                        | 10,968,                                 | 0                                      |  |  |
| Mcknight Fellowship Grants  | 2                        | 14,000,                                 | 0                                      |  |  |
| McKnight Individual Artist Grants   | 13                       | 12,721,                                 | 0                                      |  |  |
| K-12 Scholarships   | 3                        | 1,205.                                  | 0                                      |  |  |
| RAC Summit Scholerships   | 11                       | 2 992                                   | 0                                      |  |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule T. Part T. Line 2: Grants are funded based on grant applications | are fund                 | mation required in Part I, funded based | line 2, Part III, columi<br>on grant a | umn (b), and any other additional info<br>applications | ormation                               |
| 1 1   | 1 1                      | Board of                                | ectors                                 | When the   |  |
| grant is completed the grantee must   | t submit                 | a report                                | a report of the use                    | of grant   |  |

The board also conducts site visits of the grantee organizations funds.

and events

Schedule I (Form 990) (2012)

| 27-3386367 Page 2                                      |  | (f) Description of non-cash assistance                |                                |  |  |  |  | Schedule I (Form 990) |
|--|--|---|--------------------------------|--|--|--|--|-----------------------|
| Schedule (Form 990) East Central Regional Arts Council | - 1  | (e) Method of valuation (book, FMV, appraisal, other) |                                |  |  |  |  |                       |
|  | I (Form 990), Part III   | (d) Amount of non-<br>cash assistance                 | 0                              |  |  |  |  |                       |
|  | ed States (Schedule  | (c) Amount of cash grant                              | 1,550,                         |  |  |  |  |                       |
|  | duals in the Unite   | (b) Number of recipients                              | 2                              |  |  |  |  |                       |
|  | Part III   Continuation of Grants and Other Assistance to Indivi | (a) Type of grant or assistance                       | IMAGE Art Show Purchase Awards |  |  |  |  |                       |

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

## Supplemental Information to Form 990 or 990-EZ

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.

2012 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

East Central Regional Arts Council

Inspection
Employer identification number 27-3386367

| Form 990, Part I, Line 1, Description of Organization Mission:   |
|--|
| experiences in the following Minnesota Counties: Chisago, Isanti,  |
| Kanabec, Mille Lacs and Pine by facilitating the production,   |
| presentation and dissemination of art development for arts   |
| organizations and by promoting the growth of individual artists.   |
| Form 990, Part III, Line 1, Description of Organization Mission:   |
| These activities are funded in part by appropriations from the   |
| Minnesota State Legislature, with money from the State's general fund  |
| and its Arts and Cultural Heritage Fund. This fund was created by a  |
| vote of the people of Minnesota on November 4, 2008. These activities  |
| are also funded in part by the McKnight Foundation.  |
| Form 990, Part VI, Section B, line 11: The board reviewed and approved the form 990 before it was submitted. |
| Form 990, Part VI, Section B, Line 12c: Board members are required to  |
| disclose and excuse themselves from any grant applications in which they                                     |
| have a financial interest during each grant review session.  |
| Form 990, Part VI, Section B, Line 15a: The board of directors reviews the                                   |
| compensation of the Executive Director and compares the compensation to                                      |
| similar positions in other regional arts councils.   |

| Mame of the organization  East Central Regional Arts Council | Employer identification number 27-3386367 |
|--|---|
| organizing documents are available upon request.             |   |
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| Form 8868 (Rev. 1-2013)   |  |  |   |                | Page 2            |  |  |  |
|---|--|--|---|----------------|-------------------|--|--|--|
| f If you are filing for an Additional (Not Automatic) 3-Mon   | th Extension, o  | complete only Part II and check thi    | s box                                   |                | <b>▶</b> X        |  |  |  |
| Note. Only complete Part II if you have already been grante   |  |  |   | 8868.          | •                 |  |  |  |
| • If you are filing for an Automatic 3-Month Extension, co  | mplete only Pa   | art I (on page 1)                      |   |                |                   |  |  |  |
| Part II Additional (Not Automatic) 3-Mon  | th Extensio  | <b>n of Time.</b> Only file the origir | nal (no c                               | opies need     | ded).             |  |  |  |
|   |  | Enter filer's                          | identifyir                              | g number, s    | ee instructions   |  |  |  |
| Type or Name of exempt organization or other filer, see   | instructions   |  | Employer identification number (EIN) or |                |                   |  |  |  |
| print .   |  |  |   |                |                   |  |  |  |
| File by the East Central Regional Art   | s Counc  | i1                                     | <u> </u>                                | 27-338         | 36367             |  |  |  |
| due date for Number, street, and room or suite no. If a P.O. t  | oox, see instruc   | tions.                                 | Social se                               | curity numbe   | or (SSN)          |  |  |  |
| filing your return See 112 Main Street S., P.O.   | Box 294  |  |   |                |                   |  |  |  |
| Instructions City, town or post office, state, and ZIP code. Fe   | or a foreign add   | lress, see instructions.               |   |                |                   |  |  |  |
| Braham, MN 55006  |  |  |   |                |                   |  |  |  |
|   |  |  |   |                |                   |  |  |  |
| Enter the Return code for the return that this application is f   | or (file a separa  | te application for each return)        |   |                | 0 1               |  |  |  |
|   |  | -                                      |   |                |                   |  |  |  |
| Application   | Return   | Application                            |   |                | Return            |  |  |  |
| Is For  | Code   | Is For                                 |   |                | Code              |  |  |  |
| Form 990 or Form 990-EZ   | 01   |  |   |                |                   |  |  |  |
| Form 990-BL   | 02   | Form 1041-A                            |   |                | 08                |  |  |  |
| Form 4720 (individual)  | 03   | Form 4720                              |   |                | 09                |  |  |  |
| Form 990-PF   | 04   | Form 5227                              |   |                | 10                |  |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)  | 05   | Form 6069                              |   |                | 11                |  |  |  |
| Form 990-T (trust other than above)   | 06   | Form 8870                              |   |                | 12                |  |  |  |
| STOP! Do not complete Part II if you were not already gr  | anted an autor   | natic 3-month extension on a pre-      | viously file                            | d Form 886     | 3                 |  |  |  |
| The Organiza  | ation  |  |   |                |                   |  |  |  |
| <ul> <li>The books are in the care of ➤ <u>112 Main Str</u></li> </ul>  | reet Sou   | <u>th, P.O. Box 294 -</u>              | Brah                                    | am, MN         | 55006             |  |  |  |
| Telephone No. ► 320-396-2337  |  | FAX No. >                              |   |                |                   |  |  |  |
| If the organization does not have an office or place of bu  | siness in the Ui   | nited States, check this box           |   |                | <b>&gt;</b>       |  |  |  |
| <ul> <li>If this is for a Group Return, enter the organization's four</li> </ul>  | digit Group Exe  | emption Number (GEN)                   | If this is fo                           | r the whole g  | roup, check this  |  |  |  |
| box ▶ If it is for part of the group, check this box ▶  | and atta   | ach a list with the names and EINs o   | f all memb                              | ers the exter  | ision is for.     |  |  |  |
| 4 I request an additional 3-month extension of time until   |  |  |   |                |                   |  |  |  |
| 5 For calendar year, or other tax year beginning  | ng <u>JUL 1</u>  | , 2012 , and endir                     | ng JUN                                  | 30, 2          | 013               |  |  |  |
| 6 If the tax year entered in line 5 is for less than 12 mon   | iths, check reas   | on: Initial return                     | Final r                                 | etum           |                   |  |  |  |
| Change in accounting period   |  |  |   |                |                   |  |  |  |
| 7 State in detail why you need the extension  |  |  |   |                |                   |  |  |  |
|   | Additional time is needed for the Board to review and approve the Form |  |   |                |                   |  |  |  |
| 990 at its February board m   | <u>neeting.</u>  |  |   |                |                   |  |  |  |
|   |  |  |   | r=-            |                   |  |  |  |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4   | 1720, or 6069, e   | enter the tentative tax, less any      |   |                |                   |  |  |  |
| nonrefundable credits See instructions.   |  |  | 8a_                                     | \$             | 0.                |  |  |  |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 0  | PF, 990-T, 4720, or 6069, enter any refundable credits and estimated   |  |   |                |                   |  |  |  |
| tax payments made. Include any prior year overpaym  | ent allowed as   | a credit and any amount paid           |   |                | _                 |  |  |  |
| previously with Form 8868.  |  |  | 8b                                      | \$             | 0.                |  |  |  |
| c Balance due. Subtract line 8b from line 8a. Include ye  | our payment wr   | th this form, if required, by using    | İ                                       |                |                   |  |  |  |
| EFTPS (Electronic Federal Tax Payment System) See   |  |  | 8c                                      | \$             | 0.                |  |  |  |
| /I . •  |  | st be completed for Part II            | -                                       |                |                   |  |  |  |
| Under penalties of perjury, I deglare that I have examined this form, it is true, correct, and complete, and that I amy authorized to prepare | including accomi<br>this form.   | panying schedules and statements, and  | to the best c                           | of my knowledg | ge and belief,    |  |  |  |
| Signature > /hartalla : 1/2 Title   | <u>Ex</u> ecu  | tive Director                          | Date                                    |                |                   |  |  |  |
|   |  |  |   | Form 8         | 868 (Rev. 1-2013) |  |  |  |
| / //  |  |  |   |                | •                 |  |  |  |
| /   |  |  |   |                |                   |  |  |  |