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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2012Open to Public
Inspection**A** For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

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

C Name of organization**SOUTHEASTERN MINNESOTA ARTS COUNCIL, INC.**

Doing Business As

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

2778 COMMERCE DRIVE NW SUITE D

City, town, or post office, state, and ZIP code

ROCHESTER, MN 55901**F** Name and address of principal officer **HAROLD N. CROPP****SAME AS C ABOVE****D** Employer identification number**41-1417579****E** Telephone number**(507) 281-4848****G** Gross receipts \$**1,079,734.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SEMAC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1977** **M** State of legal domicile: **MN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	EXISTS TO ENCOURAGE, PROMOTE AND ASSIST REGIONAL ARTS DEVELOPMENT BY PROVIDING GRANTING FUNDS TO	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	24
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	837,118.	1,078,684.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	799.	295.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	550.	211.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	838,467.	1,079,190.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	608,810.	844,832.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	148,274.	154,256.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,036.	0.	0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a and 11c, 11f, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z)	82,970.	84,434.
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	840,054.	1,083,522.
	19 Revenue less expenses - Subtract line 18 from line 12	<1,587.>	<4,332.>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	297,159.	132,298.
22 Net assets or fund balances - Subtract line 21 from line 20	202,294.	41,765.	
		94,865.	90,533.

Part II Signature Block

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

Sign Here ▶ Signature of officer **ROBIN G. PEARSON, EXECUTIVE DIRECTOR** Date **1-14-14**

Type or print name and title

Paid Print/Type preparer's name **JASON P. BOYNTON** Preparer's signature **[Signature]** Date **[Blank]** Check if self-employed ☐ PTIN **P00029979**

Preparer Use Only Firm's name ▶ **SMITH, SCHAFER AND ASSOC., LTD.** Firm's EIN ▶ **41-1489071**

Firm's address ▶ **220 SOUTH BROADWAY, SUITE 102** Phone no. **(507) 288-3277**

ROCHESTER, MN 55904

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

EXISTS TO ENCOURAGE, PROMOTE AND ASSIST REGIONAL ARTS DEVELOPMENT BY PROVIDING GRANTING FUNDS TO NON-PROFIT ARTS ORGANIZATIONS, INDIVIDUAL ARTISTS, AND EDUCATIONAL INSTITUTIONS; PROVIDING INFORMATION/ACCESS TO THE FUNDS THROUGH OUTREACH, ADVOCACY, MENTORING, AND TECHNICAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code) (Expenses \$ 787,662. including grants of \$ 648,612.) (Revenue \$ 792,367.)
ACHF PROGRAM - GRANTS TO CONSTITUENTS AND ITS RELATED OPERATING EXPENSES AND TECHNICAL SERVICES.

4b (Code) (Expenses \$ 156,925. including grants of \$ 104,905.) (Revenue \$ 196,528.)
MSAB GENERAL ALLOCATION - USED FOR OPERATING EXPENSES, TECHNICAL SERVICES AND PROGRAM GRANTS TO OUR CONSTITUENTS.

4c (Code) (Expenses \$ 92,513. including grants of \$ 91,315.) (Revenue \$ 90,000.)
MCKNIGHT FOUNDATION - OFFERS INDIVIDUAL ARTIST GRANTS TO CONSTITUENTS.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 1,037,100.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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COUNCIL, INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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COUNCIL, INC.**

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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COUNCIL, INC.**

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

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

☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	12													
b Enter the number of voting members included in line 1a, above, who are independent		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a		X								
b Each committee with authority to act on behalf of the governing body?				8b		X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9										X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
ROBIN G. PEARSON - (507)281-4848
2778 COMMERCE DRIVE NW SUITE D, ROCHESTER, MN 55901

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

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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 ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD N. CROPP PRESIDENT	2.00	X		X				0.	0.	0.
(2) ANDREA M. COSTOPOULOS DIRECTOR	2.00	X						0.	0.	0.
(3) DAVED DRISCOLL DIRECTOR	2.00	X						0.	0.	0.
(4) DRUE A. FERGISON DIRECTOR	2.00	X						0.	0.	0.
(5) SCOTT ROBERTS DIRECTOR	2.00	X						0.	0.	0.
(6) PAULA S. MICHEL DIRECTOR	2.00	X						0.	0.	0.
(7) DEBORAH WASMUND VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(8) TERESA J. KAUFFMANN DIRECTOR	2.00	X						0.	0.	0.
(9) RYAN M. HEINRITZ DIRECTOR	2.00	X						0.	0.	0.
(10) CONNIE L. NELSON DIRECTOR	2.00	X						0.	0.	0.
(11) JUDITH A. SAYE-WILLIS TREASURER	2.00	X		X				0.	0.	0.
(12) STEVEN J. SCHMIDT DIRECTOR	2.00	X						0.	0.	0.
(13) ROBIN PEARSON EXECUTIVE DIRECTOR	30.00			X				61,421.	0.	24,675.

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Form 990 (2012)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								61,421.	0.	24,675.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								61,421.	0.	24,675.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Form 990 (2012)

41-1417579 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	988,684.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	90,000.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,078,684.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			839.			839.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			544.			
	c Gain or (loss)			<544.>			<544.>
	d Net gain or (loss)			<544.>			<544.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		711300	211.	211.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			211.				
12 Total revenue. See instructions.			1,079,190.	211.	0.	295.	

SOUTHEASTERN MINNESOTA ARTS

COUNCIL, INC.

Form 990 (2012)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	844,832.	844,832.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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, trustees, and key employees	87,053.	77,476.	8,706.	871.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,318.	31,433.	3,532.	353.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,551.	4,941.	555.	55.
9 Other employee benefits	18,180.	16,180.	1,818.	182.
10 Payroll taxes	8,154.	7,257.	815.	82.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,360.		9,360.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,748.	2,446.	275.	27.
13 Office expenses	7,566.	1,084.	6,470.	12.
14 Information technology	16,730.	15,812.	835.	83.
15 Royalties				
16 Occupancy	28,192.	25,091.	2,819.	282.
17 Travel	4,771.	2,268.	2,503.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,555.	438.	1,117.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,859.	5,214.	586.	59.
23 Insurance	554.	493.	55.	6.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	2,490.		2,490.	
b EQUIPMENT RENTAL	2,399.	2,135.	240.	24.
c DUES AND SUBSCRIPTIONS	2,126.		2,126.	
d MISCELLANEOUS	84.		84.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,083,522.	1,037,100.	44,386.	2,036.
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)

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Form 990 (2012)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	264,976.	1	105,148.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,909.	9	7,192.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	39,070.		
	b Less: accumulated depreciation	19,112.	10c	19,958.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	297,159.	16	132,298.	
Liabilities	17 Accounts payable and accrued expenses	7,678.	17	5,040.
	18 Grants payable		18	11,200.
	19 Deferred revenue	194,616.	19	25,525.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	202,294.	26	41,765.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	94,865.	27	90,533.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	94,865.	33	90,533.
34 Total liabilities and net assets/fund balances	297,159.	34	132,298.	

Form **990** (2012)

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Form 990 (2012)

41-1417579 Page **12**

Part 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	1,079,190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,083,522.
3	Revenue less expenses. Subtract line 2 from line 1	3	<4,332.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,865.
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, column (B))	10	90,533.

Part XII Financial Statements and Reporting

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

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

Form **990** (2012)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number
41-1417579

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2012

SOUTHEASTERN MINNESOTA ARTS

Schedule A (Form 990 or 990-EZ) 2012 COUNCIL, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	327,978.	772,794.	783,878.	837,118.	1,078,684.	3,800,452.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	327,978.	772,794.	783,878.	837,118.	1,078,684.	3,800,452.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						263,863.
6 Public support. Subtract line 5 from line 4						3,536,589.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	327,978.	772,794.	783,878.	837,118.	1,078,684.	3,800,452.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	627.	6.	6.	799.	839.	2,277.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,599.		760.	550.	211.	4,120.
11 Total support. Add lines 7 through 10						3,806,849.

12 Gross receipts from related activities, etc. (see instructions) **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	92.90 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	91.94 %

16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒**b 33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐**17a 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**b 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Schedule A (Form 990 or 990-EZ) 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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.

OMB No 1545-0047

2012Open to Public
InspectionName of the organization **SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**Employer identification number
41-1417579**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %b Permanent endowment ☐ _____ %c Temporarily restricted endowment ☐ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,591.	1,486.	7,105.
d Equipment		30,479.	17,626.	12,853.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

19,958.

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Schedule D (Form 990) 2012

41-1417579 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(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 of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

SOUTHEASTERN MINNESOTA ARTS

Schedule D (Form 990) 2012

COUNCIL, INC.

41-1417579 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,079,734.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,079,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<544.>
c	Add lines 4a and 4b	4c	<544.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,079,190.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,084,066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,084,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	<544.>
c	Add lines 4a and 4b	4c	<544.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,083,522.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS -544.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS -544.

Schedule D (Form 990) 2012

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Employer identification number
41-1417579

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN AREA COMMISSION FOR THE ARTS - 125 FOURTH AVE ME - AUSTIN, MN 55912	41-1650727	501(C)(3)	17,000.	0.			ACHF: AUSTIN ARTWORKS FESTIVAL, GENERAL OPERATING SUPPORT & PRODUCTION GRANT
AUSTIN SYMPHONY ORCHESTRA 604 13TH AVE SW AUSTIN, MN 55912	41-6023056	501(C)(3)	24,000.	0.			ACHF: MAKE NEW FRIENDS BUT KEEP THE OLD, GENERAL OPERATING SUPPORT
BRIDGE CHAMBER MUSIC FESTIVAL PO BOX 173 NORTHFIELD, MN 55057	41-1974036	501(C)(3)	9,900.	0.			ACHF: CHAMBER MUSIC, JAZZ CONCERTS AND COMMUNITY OUTREACH
C4 - CONCERNED CITIZENS FOR A CREATIVE COMMUNITY - 115 N BROADWAY - ROCHESTER, MN 55906	27-1336688	501(C)(3)	10,000.	0.			ACHF: THE VENUE
CANNON FALLS AREA HISTORICAL SOCIETY - PO BOX 111 - CANNON FALLS, MN 55009	41-1435119	501(C)(3)	9,510.	0.			ACHF: CANNON FALLS HERITAGE MURAL
CELEBRATION OF A CITY (DBA ROCHESTERFEST) - PO BOX 007 - ROCHESTER, MN 55903	41-1479891	501(C)(3)	10,000.	0.			ACHF: RIVER CITY RHAPSODY-ROCHESTER

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

▶ 42.

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

▶ 2.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

SOUTHEASTERN MINNESOTA ARTS

41-1417579 Page 1

Schedule I (Form 990)

COUNCIL, INC.

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HARMONY PO BOX 488 HARMONY, MN 55939	41-6005218	170(B)(1)(A)(V)	10,000.	0.			ACHF: MUSICIANS OF HARMONY, MINNESOTA
CITY OF NORTHFIELD ARTS & CULTURE COMMISSION - 801 WASHINGTON ST - NORTHFIELD, MN 55057	41-6005424	170(B)(1)(A)(V)	10,000.	0.			ACHF: NORTHFIELD SIDEWALK PUBLIC POETRY PROJECT 2013
CITY OF ROCHESTER MUSIC DEPARTMENT 201 4TH ST SE, STE 170 ROCHESTER, MN 55904	41-6005494	170(B)(1)(A)(V)	10,000.	0.			ACHF: WORLD MUSIC MINI-RESIDENCIES 2014
CITY OF WINONA 207 LAFAYETTE ST WINONA, MN 55987	41-6005651	170(B)(1)(A)(V)	10,000.	0.			ACHF: FAMILY ART DAY EXTRAVAGANZA
COMMONWEAL THEATRE COMPANY PO BOX 152 LANESBORO, MN 55949	41-1796293	501(C)(3)	10,000.	0.			ACHF: COMMONWEAL THEATRE'S IBSEN TOUR
DIVERSITY COUNCIL 1130 1/2 7TH ST NW, STE 304 ROCHESTER, MN 55901	41-1790139	501(C)(3)	10,000.	0.			ACHF: CELEBRATING DIVERSITY AND INCLUSIVITY
EAGLE BLUFF ENVIRONMENTAL LEARNING CENTER - 28097 GOODVIEW DR - LANESBORO, MN 55949	41-1431959	501(C)(3)	9,750.	0.			ACHF: 2013 STRINGWOOD MUSIC FESTIVAL
FRIENDS OF THE HOUSTON NATURE CENTER - PO BOX 731 - HOUSTON, MN 55943	41-2014920	501(C)(3)	10,000.	0.			ACHF: OUTDOOR CONCRETE MOSAIC OWL SCULPTURE
FRIENDS OF THE SHELDON PO BOX 157 RED WING, MN 55066	36-3576032	501(C)(3)	6,845.	0.			ACHF: JOSEPH AND THE AMAZING TECHNICOLOR DREAMCOAT

Schedule I (Form 990)

SOUTHEASTERN MINNESOTA ARTS

41-1417579 Page 1

Schedule I (Form 990) COUNCIL, INC.

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FROZEN RIVER FILM FESTIVAL PO BOX 647 WINONA, MN 55987	36-3500853		14,000.	0.			ACHF: 2013 FROZEN RIVER FILM FESTIVAL, GENERAL OPERATING SUPPORT
GREAT RIVER SHAKESPEARE FESTIVAL 79 E THIRD ST WINONA, MN 55987	01-0765907	501(C)(3)	8,605.	0.			ACHF: 2013 CONCERTS ON THE GREEN SERIES
HAMBONE MUSIC FESTIVAL 2130 S BROADWAY, STE 100 ROCHESTER, MN 55904	45-2383395	501(C)(3)	10,000.	0.			ACHF: 2013 HAMBONE MUSIC FESTIVAL
LANESBORO ARTS CENTER PO BOX 152 LANESBORO, MN 55949	41-1731338	501(C)(3)	18,950.	0.			ACHF: LANESBORO ARTIST RESIDENCY PROJECT, CAPITAL IMPROVEMENT GRANT
MAYO CLINIC RED WING 701 HEWITT BLVD RED WING, MN 55066	41-1713783	501(C)(3)	5,380.	0.			ACHF: SHELDON PRESENTS ARTS FOR YOUR HEALTH
MINNESOTA BALLET THEATRE 5500 HEATHER DR SW ROCHESTER, MN 55902	46-0557488		10,000.	0.			ACHF: FESTIVAL OF HOLIDAYS/TRADITIONS
MINNESOTA MARINE ART MUSEUM 800 RIVERVIEW DR WINONA, MN 55987	72-1580723	501(C)(3)	9,990.	0.			ACHF: YOUTH ART MONTH PROGRAMMING, PRODUCTION GRANT
MINNESOTA STATE PUBLIC SCHOOL ORPHANAGE MUSEUM - 540 WEST HILLS CIRCLE - OWATONNA, MN 55060	41-1949094	501(C)(3)	6,808.	0.			ACHF: STATE SCHOOL READER'S THEATRE PRODUCTION
NORTHFIELD HEALTHY COMMUNITY INITIATIVE - 1651 JEFFERSON PKWY, STE HS128 - NORTHFIELD, MN 55057	26-2852506	501(C)(3)	9,930.	0.			ACHF: WINDOW TO OUR WORLD ART ENRICHMENT AT SUMMER PLUS

Schedule I (Form 990)

SOUTHEASTERN MINNESOTA ARTS

41-1417579 Page 1

Schedule I (Form 990) COUNCIL, INC.

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHFIELD PUBLIC SCHOOLS 1600 DIVISION ST S NORTHFIELD, MN 55057	41-6008327	170(B)(1)(A)(V)	10,110.	0.			ACHF: NORTHFIELD YOUNG SCULPTORS PROJECT, PRODUCTION GRANT
NORTHLAND WORDS 14 FOURTH ST SW ROCHESTER, MN 55902	20-5335608	501(C)(3)	14,000.	0.			ACHF: 2013 ANNUAL JR. TROUPE SHAKESPEARE PRODUCTION, GENERAL OPERATING SUPPORT
OWATONNA ARTS CENTER 435 GARDEN VIEW LN OWATONNA, MN 55060	41-6166644	501(C)(3)	20,000.	0.			ACHF: 21ST ANNUAL OWATONNA FESTIVAL OF THE ARTS, CAPITAL IMPROVEMENT GRANT
PARADISE CENTER FOR THE ARTS 321 CENTRAL AVE N FARIBAULT, MN 55021	41-1381314	501(C)(3)	6,000.	0.			ACHF: KIDS VISUAL ARTS SUMMER CAMPS
PROJECT FINE 202 W THIRD ST WINONA, MN 55987	41-1893675	501(C)(3)	10,000.	0.			ACHF: CULTURAL ART AND ANCESTRY
ROCHESTER ART CENTER 40 CIVIC CENTER DR SE ROCHESTER, MN 55904	41-0799310	501(C)(3)	10,000.	0.			ACHF: ADOLESCENCE THROUGH THE LENS
ROCHESTER ARTS COUNCIL 30 CIVIC CENTER DR SE, STE 200 ROCHESTER, MN 55904	20-4748879	501(C)(3)	14,000.	0.			ACHF: ARTIGRAS V, GENERAL OPERATING SUPPORT
ROCHESTER CHAMBER MUSIC SOCIETY PO BOX 834 ROCHESTER, MN 55903	68-0559296	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT & PRODUCTION GRANT
ROCHESTER CIVIC THEATRE 20 CIVIC CENTER DR SE ROCHESTER, MN 55904	41-0829271	501(C)(3)	10,000.	0.			ACHF: THE LEGACY SERIES

Schedule I (Form 990)

SOUTHEASTERN MINNESOTA ARTS

41-1417579 Page 1

Schedule I (Form 990)

COUNCIL, INC.

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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER DANCE COMPANY PO BOX 7262 ROCHESTER, MN 55903	20-4174472	501(C)(3)	11,000.	0.			ACHF: THE NUTCRACKER: A TRADITION FOR ALL, GENERAL OPERATING SUPPORT
ROCHESTER MALE CHORUS PO BOX 6254 ROCHESTER, MN 55903	41-1437847	501(C)(3)	14,000.	0.			ACHF: RMC CHRISTMAS EXTRAVAGANZA, GENERAL OPERATING SUPPORT
ROCHESTER REPERTORY THEATRE 103 SEVENTH ST NE ROCHESTER, MN 55906	41-1540218	501(C)(3)	21,000.	0.			ACHF: INSTALLATION OF AIR CONDITIONING AT THE PERFORMANCE VENUE, GENERAL OPERATING SUPPORT
ROCHESTER SENIOR CENTER 121 N BROADWAY ROCHESTER, MN 55906	41-0848660	501(C)(3)	10,000.	0.			ACHF: ARTS 102: A "SEMESTER" OF LEARNING
ROCHESTER SYMPHONY ORCHESTRA & CHORALE - 400 S BROADWAY, STE 302 - ROCHESTER, MN 55904	41-1764434	501(C)(3)	10,000.	0.			ACHF: SYMPHONIC INTERACTIVE MEDIA ART
RONALD McDONALD HOUSE OF ROCHESTER MN - 850 SECOND ST SW - ROCHESTER, MN 55902	41-1344744	501(C)(3)	10,000.	0.			ACHF: HAND IN HAND - HEARTISTS HELPING CHILDREN
SOUTHEAST MN BLUEGRASS ASSOCIATION PO BOX 93 RUSHFORD, MN 55971	41-1919640	501(C)(3)	14,455.	0.			ACHF: SEMBA'S 2013 AUGUST BLUEGRASS FESTIVAL, GENERAL OPERATING SUPPORT & PRODUCTION GRANT
SOUTHEASTERN MN YOUTH ORCHESTRA 1001 14TH ST NW, STE 450 ROCHESTER, MN 55901	41-1427785	501(C)(3)	17,000.	0.			ACHF: YMCA MUSIC OUTREACH PROGRAM, GENERAL OPERATING SUPPORT & PRODUCTION GRANT
T B SHELDON MEMORIAL THEATRE 443 W THIRD ST RED WING, MN 55066	41-6005482	501(C)(3)	10,000.	0.			ACHF: SHELDON SCHOOL OF THE PERFORMING ARTS 2013 SESSIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

[illegible]

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

41-1417579

Page 2

Schedule I (Form 990) (2012) **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 can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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 I, PART I, LINE 2: STAFF SCREENS THE PROPOSALS TO ASSURE THAT THEY MEET THE MINIMUM QUALIFICATIONS FOR THEIR RESPECTIVE CATEGORY. THE APPLICATIONS ARE THEN SENT TO THE ARTS ADVISORY PANEL WHO HAVE APPROXIMATELY 3 WEEKS TO REVIEW THE PROPOSALS AND CONTACT THE OFFICE WITH ANY QUESTIONS. APPROXIMATELY 4 WEEKS AFTER THE APPLICATION DEADLINE, A PANEL REVIEW IS CONDUCTED. THE REVIEW IS OPEN TO THE PUBLIC. AFTER THE MEETING CONCLUDES, STAFF ASSEMBLES THE PANEL RATINGS AND PRESENTS THEM TO THE SEMAC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED MEETING. THE BOARD THEN ISSUES A FINAL DECISION ON FUNDING AND STAFF NOTIFIES THE

Part IV Supplemental Information

APPLICANTS OF THE RESULTS.

ALL APPLICANTS ARE REQUIRED TO SEND A FINAL GRANT REPORT TO SEMAC. THE FINAL GRANT REPORT EXPLAINS HOW GRANT FUNDS WERE USED. THE EXECUTIVE DIRECTOR REVIEWS THE FINAL REPORT TO VERIFY FUNDS WERE USED FOR THE PURPOSE THAT WAS ORIGINALLY PRESENTED TO SEMAC. ISSUES WITH THE FINAL REPORT, IF ANY ARISE FROM THE FINAL EXECUTIVE DIRECTOR REVIEW, ARE IMMEDIATELY FOLLOWED UP ON WITH THE GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ROCHESTER REPERTORY THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: ACHF: INSTALLATION OF AIR

CONDITIONING AT THE PERFORMANCE VENUE, GENERAL OPERATING SUPPORT &
PRODUCTION GRANT

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No. 1545-0047

2012

Open To Public Inspection

Employer identification number
41-1417579

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Total ▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

SEE PART V FOR CONTINUATIONS

SOUTHEASTERN MINNESOTA ARTS

Schedule L (Form 990 or 990-EZ) 2012 COUNCIL, INC.

41-1417579 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HAROLD N. CROPP, PRESIDENT	EXECUTIVE DIRECTOR	10,000.	COMMONWEAL		X
SCOTT ROBERTS, DIRECTOR OF	DIRECTOR OF OWATONNA	20,000.	OWATONNA AR		X
DAVED DRISCOLL, DIRECTOR OF	ARTISTIC DIRECTOR OF	0.	WORDS PLAYE		X
DAVED DRISCOLL, DIRECTOR OF	DIRECTOR OF NORTHLA	14,000.	NORTHLAND W		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: TERESA KAUFFMANN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER & TREASURER

(C) AMOUNT OF GRANT \$ 2,500.

(D) TYPE OF ASSISTANCE: EMERGING ARTIST GRANT

(E) PURPOSE OF ASSISTANCE: FUND ARTISTIC ACTIVITIES

(A) NAME OF PERSON: TOM WILLIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF JUDY SAYE-WILLIS, BOARD MEMBER

(C) AMOUNT OF GRANT \$ 5,000.

(D) TYPE OF ASSISTANCE: EMERGING ARTIST GRANT

(E) PURPOSE OF ASSISTANCE: FUND ARTISTIC ACTIVITIES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HAROLD N. CROPP, PRESIDENT OF ORGANIZATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR OF COMMONWEAL THEATRE COMPANY, NONPROFIT ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: COMMONWEAL THEATRE COMPANY RECIEVED A

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

CASH GRANT FROM ORGANIZATION(A) NAME OF PERSON: SCOTT ROBERTS, DIRECTOR OF ORGANIZATION(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:DIRECTOR OF OWATONNA ARTS CENTER, NONPROFIT ORGANIZATION(D) DESCRIPTION OF TRANSACTION: OWATONNA ARTS CENTER RECEIVED A CASHGRANT FROM ORGANIZATION(A) NAME OF PERSON: DAVED DRISCOLL, DIRECTOR OF ORGANIZATION(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:ARTISTIC DIRECTOR OF WORDS PLAYERS, PAST RECIPIENT OF GRANT(D) DESCRIPTION OF TRANSACTION: WORDS PLAYERS IS A NONPROFIT ELIGIBLE TOAPPLY FOR CASH GRANT FROM ORGANIZATION(A) NAME OF PERSON: DAVED DRISCOLL, DIRECTOR OF ORGANIZATION(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:DIRECTOR OF NORTHLAND WORDS, NONPROFIT ORGANIZATION(D) DESCRIPTION OF TRANSACTION: NORTHLAND WORDS RECEIVED A CASH GRANTFROM ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

**SOUTHEASTERN MINNESOTA ARTS
COUNCIL, INC.**

Employer identification number

41-1417579

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON-PROFIT ARTS ORGANIZATIONS, INDIVIDUAL ARTISTS, AND EDUCATIONAL

INSTITUTIONS; PROVIDING INFORMATION/ACCESS TO THE FUNDS THROUGH

OUTREACH, ADVOCACY, MENTORING, AND TECHNICAL ASSISTANCE;

EVALUATING/ASSESSING THE EFFECTIVENESS OF FUNDED PROJECTS; AND SEEKING

TO ENSURE A FAIR DISTRIBUTION OF FUNDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSISTANCE; EVALUATING/ASSESSING THE EFFECTIVENESS OF FUNDED PROJECTS;

AND SEEKING TO ENSURE A FAIR DISTRIBUTION OF FUNDS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS PROVIDED TO

THE BOARD MEMBERS AND DISCUSSED AT A BOARD MEETING PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS ARE PROVIDED AN

ANNUAL CHECKLIST TO DETERMINE WHETHER A POTENTIAL CONFLICT OF INTEREST

EXISTS. A COMMITTEE THEN REVIEWS THE CHECKLISTS FOR POTENTIAL CONFLICTS OF
INTEREST.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION WILL PROVIDE A

COPY OF FORM 990 TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE LOCATED IN THE

ORGANIZATION'S OFFICE AND ARE AVAILABLE TO REVIEW BY THE PUBLIC UPON

REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

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

Part I only

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions SOUTHEASTERN MINNESOTA ARTS COUNCIL, INC.	Employer identification number (EIN) or 41-1417579
	Number, street, and room or suite no. If a P O box, see instructions 2778 COMMERCE DRIVE NW SUITE D	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ROCHESTER, MN 55901	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

ROBIN G. PEARSON

- The books are in the care of ► **2778 COMMERCE DRIVE NW SUITE D - ROCHESTER, MN 55901**
Telephone No. ► **(507) 281-4848** FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year or
► ☒ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)