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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)

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

OMB No 1545-0047

5-17

<u> 2012</u> Open to Public Inspection

<u>A</u>	For the	= 2012 calendar year, or tax year beginning $07/01/12$ , and ending $06/30/12$	.3		
В	Check if ap	plicable C Name of organization		D Employ	er identification number
	Address ch	nange ' LANE ARTS COUNCIL			
	Name char	Doing Business As		93-	0681430
$\exists$		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
닏	Initial return	1590 WILLAMETTE ST	200	541	-485-2278
	Terminated	City, town or post office, state, and ZIP code			
$\Box$	Amended r	return EUGENE OR 97401		G Gross rece	:pts\$ 250,627
Н		F. Name and address of principal officer			
Ш	Application	GRADY GOODALL	H(a) Is this a g	proup return for a	uffiliates? Yes X No
		1732 CARMEL AVE	H(b) Are all at	filiates include	yes No
		EUGENE OR 97401			(see instructions)
_	Tau avam		1		
÷	Tax-exem Website	1777 1777 1777 1777 1777	H(a) C		
<u></u>			H(c) Group ex	cemption numb	
K	Form of or		ear of formation		M State of legal domicile
	Part I	Summary			
	ן י	Briefly describe the organization's mission or most significant activities		COLDINI	<del>,</del>
92		TO STRENGTHEN & SUPPORT ARTS EDUCATION & COMMUNITY ARTS			
nar		OUR VISION IS TO INCREASE THE SCOPE OF ARTISTIC OFFERIN			
Governance	l	COUNTY BY SERVING AS A SUPPORTIVE, CENTRAL COMMUNITY AC			crs.
Ĝ		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net as	1 1	
ඡ	] 3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	10
ë	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
Ξ	5 T	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	3
Activities & C	∯⊘ 6 T	otal number of volunteers (estimate if necessary)		6	_20
	(  ୬ <b>7a</b> T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
_	<b>b</b> N	Net unrelated business taxable income from Form 990-T, line 34		7b	0
i	摇。。	Santuhutuan and grants (Dart VIIII line 4h)			Current Year 127, 260
e E		- 1/4N 4 6 4 1/4 . F		_	123,243
Ž.	10 1	, F		73	123,243
eg.	3 10 II			- ' -	0
0	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			7 090	250,627
-6	r. h	· · <del>-</del>		9,100	49,360
		r i i i i i i i i i i i i i i i i i i i		<del>5,100</del>	12,300
rpenses/107	15 6	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0,898	68,655
Ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0,050	00,000
ĕ	1001	Fotal fundraising expenses (Part IX, column (A), line 25) > 22,022			<u> </u>
Ä		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Ω.	4,368	119,451
				4,366	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,724	237,466 13,161
<u> </u>	19 F	Revenue less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	B 20 T	Fotal assets (Part X, line 16)		4,826	83,802
A88	21 7	Fotal liabilities (Part X, line 26)		8,696	24,511
ž	22 1	Net assets or fund balances. Subtract line 21 from line 20		6,130	59,291
	Part II	Signature Block		<u> </u>	<u> </u>
_		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents and to the b	est of my kn	owledge and belief it is
		ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer i			omougo and cono., n ic
		Mah bodall		1//	20/14
Si	gn	Signature of officer		Date	
	ere	▲ GRADY GOODALL PRESI	DENT		
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature ( )	Date	Check	ıt PTIN
Рa	id	PAMELA J. WHYTE Canda Yuly 2	-   <sub>12/13</sub>	3/13 self-em	ployed P00240884
Pre	eparer	Firm's name	<del>-                                    </del>	Firm's EIN	93-0991735
Us	e Only	2505 W. 11TH			
		Firm's address   EUGENE, OR 97402		Phone no	541-485-2100
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	<u>_</u>		Yes No
Fo	r Paperw	rork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012)
DA	A.				

	n 990 (2012) LANE ARTS COUNCIL 93-0681	430	<u>P</u>	age 3
Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes	es,"		
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition	on to		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section	501(h)		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership of	dues.		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedul			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donor			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open s			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If			
8		·		Х
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair		<sub>v</sub>	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			٦,
	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, Part	s VI,		
	VII, VIII, IX, or X as applicable.		ļ	
а			l	
	complete Schedule D, Part VI	<u> 11a</u>	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or	more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% o	r more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>	1	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total a	assets		İ
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedul	le D, Part X 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)? If "Yes," complete Sche	edule D, Part X		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes	s," complete		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax ye	ear? 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, investment, and program service activities outside the United States, or aggregation	ate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to	any		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	· · · · · · · · · · · · · · · · · · ·		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or ass			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising service	·	T	<u> </u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ĺ	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contribution		<del>                                     </del>	<del></del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line		1	<del>  ^</del> `
	- Pia no signification report more than wislove or aleas income field definite activities on Fall VIII. Illie	3 MEL:	1	

20a

20b

If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) LANE ARTS COUNCIL
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 19 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, column (A), line 29 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 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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	( // ) ( // )			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or		i	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_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? If "Yes," complete Schedule L, Part III	27		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).			الدييا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			7.5
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	v
20	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
22	complete Schedule N, Part II	32		<u>x</u>
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			v
34	·	33	-	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	ا <sub>م</sub> ا		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity 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	330		
<b>J</b>	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	50		- 41
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>- ''</del>		
- <b>-</b>	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	х	

Pa	rt 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	_		ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>→</b>		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 3			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<b> </b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
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			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			*
<b>5</b> 0	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a		X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 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	30		
Ų.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ľ		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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?	7 <u>g</u>		<u> </u>
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		<b>—</b>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a depart depart advisor, or related person?	9a 9b		_
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			İ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1		
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand		<b> </b>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Щ_

Form 990 (2012) LANE ARTS COUNCIL 93-0681430 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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. 10 Enter the number of voting members included in line 1a, above, who are independent 1b 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 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: أسخاك The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b 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 X 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR 17 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 X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 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: ► LANE ARTS COUNCIL 1590 WILLAMETTE ST **EUGENE** OR 97401 541-485-2278

Form 990 (2012)

Form 990 (2012)	T.ANE	ARTS	COINCIL	

93-0681430

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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 organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo. off	x, unie icer ar	Pos check ess pe nd a d	rson ı	than o s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21095-WI3C)	organization and related organizations
(1) DALE MUELLER										
	2.00									
DIRECTOR	0.00	X						0	0	0
(2) TONY LUM										•
	2.00									
MEMBER	0.00	X	_	_				0	0	0
(3) KIP AMEND										
	2.00			1					_	
DIRECTOR	0.00	X		ļ.,		_		0	0	0
(4) CAROLYN M. GATES				i						
	2.00				ļ				_	
DIRECTOR	0.00	X			ļ.,			0	0	0
(5) GRADY GOODALL										
	3.00	l		l						
PRESIDENT	0.00	X	_	X	ļ		_	0	0	0
(6) KATE ALI										
	3.00	١		١						
PAST PRESIDENT	0.00	X	┢	X		ļ		. 0	0	0
(7) PATRICIA SKIPPER			İ			Į.				
	3.00	١,,		٦,	l				_	_
VICE-PRESIDENT	0.00	X	<del> </del>	X	┢		-	0	0	0
(8) NOAH WOODWARD	2 00	1			l					
mnes cimen	3.00 0.00	X		x			ŀ		0	_
TREASURER (9) BECKY TONKIN	0.00	┼≏	┢	┝≏	$\vdash$	+-	-	0	U	0
(9) BECKI TONKIN	2.00		1	1						
DIRECTOR	0.00	$ _{\mathbf{X}}$						0	0	0
	BULLIS	╁≏	<u> </u>	╁╾		╁─	-	U		<u> </u>
(10) FRANCES METERS I	2.00									
DIRECTOR	0.00	$ _{\mathbf{x}}$						o	О	0
(11) LIORA SPONKO	0.00	† <u>~</u>		+-	<del> </del>	$\vdash$		<del>                                     </del>		<del> </del>
,LIOIGI DI OIIIO	40.00									
EXECUTIVE DIRECTOR	0.00			x				47,655	О	0
DAA	0.00	Щ.	<del></del>	1 22	1	1		1 1,1000	· · · · · · · · ·	Form <b>990</b> (2012)

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Hi	ghest Cor	mpensated	<b>Employees</b> (con	itinued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe	rson i Irecto	than o	an ee)		(D) Reportal compensa from the organizat	ation	(E) Reportable compensation fi related organizations (W-2/1099-MIS	rom s	F) Estimated amount of other compensation from the organization and related, organizations  Yes No 3 X 4 X 5 X			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-I	MISC)				and rela	ated ,	
(12)																	
(13)					!												
(14)														_			
(15)					_										<u>-</u>		
(16)																	<del></del>
(17)																	
(18)																	
(19)																	
	Sub-total Total from continuation she	onto to Dort VII	Saat	<u>                                     </u>			<u> </u>	<u> </u>		4	17,655					_	
	Total (add lines 1b and 1c)							<u> </u>			7,655						
2	Total number of individuals (ii reportable compensation from				thos	se lis	sted a	abo	ve) wh	o received	more than	1 \$100,000 in				Vas	Ma
3	Did the organization list any feemployee on line 1a? If "Yes,	" complete Sche	dule	J fo	rsuc	ch in	dıvidı	ual		_							X
4	For any individual listed on lir organization and related orga individual	nizations greate	r thai	n \$1	50,0	00?	lf "Y∈	98,"	compl	ete Sched	lule J for su	ıch			_	<u> </u>	X
5	Did any person listed on line for services rendered to the o	1a receive or act organization? If "	crue Yes,"	com	pens iplet	satio e Sc	n froi chedu	m a ule .	any unr J for si	elated org uch persor	anızatıon o า	r ındıvıdual				المناه المثلة	X
Sect 1	tion B. Independent Contract Complete this table for your f		ensa	ated	ınde	pene	dent	con	ntracto	rs that rece	eived more	than \$100,000 of		_			
_	compensation from the organ	uzation. Report o	comp	ensa	ation	for	the c	aler	ndar ye	ear ending	with or with	hin the organization (B) ption of services	on's tax ye	ear		(C)	
	Name an	(A) d business address						+			Descri	ption of services		-	Co	mpeńsat	ION
								+	_		<u>.                                    </u>	<u> </u>					
								+	_								
											_						
								$\dagger$									
2	Total number of independent received more than \$100,000	contractors (inc	ludin n fro	g bu m th	t not e or	lımı ganı:	ted to	o the	iose lis	ted above	) who		0			. ` }	4.1
DAA															Fo	m <b>99</b> 0	(2012)

Ра	rt V	III Statement of Reve Check if Schedule (		tains a	response to	any question in	this	Part VIII.				
		,			•	(A) Total revenue		(B) Related or exempt function revenue	Uni bu:	(C) elated siness venue	(D) Rever excluded f under se 512, 513,	nue from tax ections
Program Service Revenue   Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns	1a			· ·						
트리		Membership dues	1b			:	ĺ					
G E		Fundraising events	1c									
##		Related organizations	1d									
9,5		Government grants (contributions)	1e		93,374							
Sign		All other contributions, gifts, grants,	<u>                                   </u>	-	33,3,1							
世世	•	and similar amounts not included above	<sub>1f</sub>		33,886							
멸리	_			**************************************	200							
55	_	Noncash contributions included in lines 1a-	·1F -	Φ	200	127 260						
2	<u>n</u>	Total. Add lines 1a-1f				127,26 <u>0</u>						
Ž	_				Busn. Code							
e	2a	LANE ESD CONTRACTS				57,274	<u> </u>	57,274				
رو و	b	ARTIST RESIDENCIES/	ASSEM	BLIES	<del></del>	53,390	_	53,390				
울	c artwalk d fiscal agency fees			ļ	7,945	_	7,945					
န				ļ	3,904	<u> </u>	3,904					
E.	е	WORKSHOPS				730	<u> </u>	730				
ᅙ	f	All other program service reve	nue									
-	g	Total. Add lines 2a-2f		<b>•</b>	123,243	ļ		***			ς	
	3	Investment income (including	dıvider	nds, intere	est,							
		and other similar amounts)			▶ [	124						124
	4	Income from investment of tax	c-exem	pt bond p	roceeds ► L							
	5	Royalties			<b>&gt;</b>							
		(ı) Real		(11)	Personal	'a		<b>*</b>	*-≹			
	6a	Gross rents				*	75	.,,,,,	*			İ
	ь	Less rental exps										
	C	Rental inc or (loss)				4						
	d	Net rental income or (loss)			•							
		Gross amount from (i) Securities			) Other							
		sales of assets		, outer			**	**	å <sub>4</sub>	**	į.	
		other than inventory										
	b	Less cost or other		İ				*				
		basis & sales exps										
		Gain or (loss)		1							<del></del>	
		Net gain or (loss)					├					
ē	8a	Gross income from fundraising eve	ents									ļ
en		(not including \$										
ě		of contributions reported on line 1c	)		İ							
F		See Part IV, line 18	а									
Other Revenue	b	Less direct expenses	b								ļ <del></del>	
0	C	Net income or (loss) from fund	draising	events	<b>•</b>		<u> </u>					
	9a	Gross income from gaming activities	es				1					
		See Part IV, line 19	а									
	b	Less: direct expenses	b									
	С	Net income or (loss) from gan	ning ac	tivities	<b>•</b>							
		Gross sales of inventory, less	-									
		returns and allowances	а								İ.	
	h	Less: cost of goods sold	b				1	:				
		Net income or (loss) from sale	-	ventory			1 -	· <del> </del>				
	-	Miscellaneous Revenue	,5 OI III	· Ciritory	Busn. Code		t					
	11-											
	11a				<del></del>		1					
	b	•					+-			-		
	C	<b>A.11</b> .13			<del>                                     </del>	<del></del>	<del> </del>	· <del>- · · · · · · · · · · · · · · · · · · </del>				
	d				L		<del> </del>					
	е				•		₽					
	12	Total revenue. See instruction	ns		<b>▶</b> 1	250.627	1	123.243		0	1	124

## 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)

Secti	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												
				(C)									
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	(D) Pundraising								
<u>7b</u> ,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses								
1	Grants and other assistance to governments and												
	organizations in the U.S. See Part IV, line 21	49,360	49,360	<b>**</b> **	1								
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22			ž,, e . 🕸 ,	* ;								
3	Grants and other assistance to governments,				\$								
	organizations, and individuals outside the												
	U S. See Part IV, lines 15 and 16												
4	Benefits paid to or for members				af character and								
5	Compensation of current officers, directors,												
	trustees, and key employees	47,655	28,593	4,765	14,297								
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	15,012	12,080		2,932								
8	Pension plan accruals and contributions (include	10,012	12,000		2,72								
0	· ' '												
_	section 401(k) and 403(b) employer contributions)		<u></u>										
9	Other employee benefits	5 000	2 006	455	1 (47								
10	Payroll taxes	5,988	3,886	455	1,647								
11	Fees for services (non-employees)												
а	Management												
b	Legal												
C	Accounting	4,030		4,030									
d	Lobbying												
е	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 Schedule O)	81,267	81,267										
12	Advertising and promotion	8,707	6,732	1,582	393								
13	Office expenses	7,213	4,710	1,115	-								
14	Information technology												
15	Royalties			· ·-									
16	Occupancy	5,622	3,654	843	1,125								
17	Travel	8,115	8,115	043	1,125								
	Payments of travel or entertainment expenses		0,113										
18	•												
40	for any federal, state, or local public officials	1 000	1 000		<del></del>								
19	Conferences, conventions, and meetings	1,000	1,000										
20	Interest				<u></u>								
21	Payments to affiliates												
22	Depreciation, depletion, and amortization												
23	Insurance	1,201	781	180	240								
24	Other expenses. Itemize expenses not covered		* **										
	above (List miscellaneous expenses in line 24e If		%	T A A									
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O)	*	***	*									
а	ARTIST SUPPLIES	2,077	2,077										
b	BACKGROUND CHECKS	219	219										
С													
d													
е	All other expenses												
25	Total functional expenses. Add lines 1 through 24e	237,466	202,474	12,970	22,022								
26	Joint costs. Complete this line only if the	23,7230		22,570	22,022								
-	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)												
DAA	tologing out out from out that			<u> </u>	Form <b>990</b> (2012)								
					Fulli 330 (2012)								

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 18,932 44,230 1 Cash-non-interest bearing 2 37,523 Savings and temporary cash investments 18,357 23,066 3 Pledges and grants receivable, net 3 400 930 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 1,351 1,839 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 8,273 10b 8,273 10c **b** Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 64,826 83,802 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,040 8,471 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 16,656 21 16,040 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 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 18,696 24,511 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 44,130 27 44,252 Unrestricted net assets 28 2,000 28 15,039 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here Net Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 46,130 59,291 33 Total net assets or fund balances 64,826 Total liabilities and net assets/fund balances 34 83,802

Form 990 (2012)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3ь

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

**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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

LANE ARTS COUNCIL

Employer identification number 93 - 0681430

P	art l	Rease	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ructior	ıs.			
The	orga	nization is not	a private foundation because	e it is. (For lines 1 through 11, c	heck only	one box	)							
1		A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(	iii).							
4	П			d in conjunction with a hospital o				)(1)(A)(ii	ii). Ente	r the ho	ospital's	s name	,	
	_	city, and state	9.											
5		An organizati	on operated for the benefit o	of a college or university owned	or operat	ed by a go	overnme	ental unit	descri	bed in				
		section 170(	b)(1)(A)(iv). (Complete Part	II.)	·									
6		A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	'0(b)(1)(A	)(v).							
7	X			substantial part of its support fro				rom the	genera	l public				
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II )	-				_	•				
8				70(b)(1)(A)(vi). (Complete Part	II )									
9		An organizati	on that normally receives: (1	) more than 33 1/3% of its supp	ort from	contribution	ons, mei	mbershij	p fees,	and gro	ss			
	_	receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	e) no mo	re than	33 1/3%	6 of its				
		support from	gross investment income an	nd unrelated business taxable in	come (le	ss section	511 tax	) from b	usiness	ses				
	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													
е		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		•		rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		•	check this box											
g			•	tion accepted any gift or contribi	ution from	n any of th	ie							
		following per										1		
		• • •	-	ontrols, either alone or together	with perso	ons descr	ibed in (	ıı) and					Yes	No
		. ,	w, the governing body of the	• • •								11g(i)		
			member of a person describ									11g(iı)		-
			- · · · · · · · · · · · · · · · · · · ·	described in (i) or (ii) above?								11g(iii)		<u>L</u>
<u>h</u>	*			he supported organization(s)	Cod to the		(a) Dat.		(	- #				
(		ne of supported ganization	(iı) EIN	(iii) Type of organization (described on lines 1-9	1	organization sted in your		ou notify	organizat	s the ion in col	(VII)	Amount o		ary
		-		above or IRC section		document?		of your port?	(i) organı U S	zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)					1.00		-155		1.55					
(~)					İ									
(B)					<del> </del>									
ν-,														
(C)														
(D)														
<u></u>					-	<u> </u>	_							
(E)														
											-		_	
Tota	al					<u> </u>			<u> </u>					

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.)

	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,338	95,505	106,501	119,606	127,260	568,210
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	119,338	95,505	106,501	119,606	127,260	568,210
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		<i>^</i> € <i>A</i> <sub>A</sub>				
	shown on line 11, column (f)						38,736
6	Public support. Subtract line 5 from line 4						529,474
	tion B. Total Support	(=) 0000	(h) 0000	(=) 0010	(-1) 0044	(-) 0040	(D. T)
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	119,338	95,505	106,501	119,606	127,260	568,210
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	682	171	133	73	124	1,183
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	44	À	*	6	\$	569,393
12	Gross receipts from related activities, etc.	(see instructions)				12	123,243
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)	
	organization, check this box and stop her		<del></del>				<b>•</b>
Sec	tion C. Computation of Public Su	upport Percent	tage				
14	Public support percentage for 2012 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	92.99%
15	Public support percentage from 2011 School					15	93.86%
16a	33 1/3% support test—2012. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this	
	box and stop here. The organization qual-	ifies as a publicly s	supported organiza	ition			► X
b	33 1/3% support test—2011. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3% or m	ore,	
	check this box and stop here. The organize	zation qualifies as	a publicly supporte	ed organization			▶ [
17a	10%-facts-and-circumstances test—201	2. If the organizati	on did not check a	box on line 13, 16	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization meet	ts the "facts-and-ci	rcumstances" test	check this box ar	nd <b>stop here</b> . Expl	aın ın	
	Part IV how the organization meets the "fa	cts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly supp	ported	
	organization						▶ [
b	10%-facts-and-circumstances test—201	1. If the organizati	on did not check a	box on line 13, 16	6a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization				•		
	Explain in Part IV how the organization me	ets the "facts-and	-cırcumstances" te	st The organization	on qualifies as a pi	ublicly	
	supported organization						▶ [
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	ee	

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.)

500	tion A. Dublic Support	1					
	tion A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2008	(h) 2000	(a) 2010	(4) 2011	(a) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	*** ;		**	***	Ź	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	ļ					
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						
С	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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	▶ □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colum	ın (f))		15	%
16	Public support percentage from 2011 Sch	edule A, Part III, II	ne 15			16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2012 (I	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 orga	ınızation did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	3%, and line	<u>-</u>
	17 is not more than 33 1/3%, check this b	<del>-</del>	-	•			▶ [
þ	33 1/3% support tests—2011. If the orga						. ~
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	a not check a box	on line 14 19a or	14h check this ho	ny and see instruc	บากร	▶ !

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

#### SCHEDULE D (Form 990)

#### **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. OMB No 1545-0047

Open to Public Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number LANE ARTS COUNCIL 93-0681430 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? 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 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

\$

Pa	rt III 3 Organizations Maintaining	<b>Collections of</b>	Art, Hi	storical Tr	easures,	or Othe	<u>r Simil</u>	ar As	sets	(continu	red)	
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other record	s, check a	any of the foll	owing that a	re a signifi	cant use	of its	_			
а	Public exhibition	d 🗍	Loan or e	exchange pro	grams							
b	Scholarly research	e 🗍	Other									
С	Preservation for future generations	_										
4	Provide a description of the organization's col	lections and explair	n how the	y further the o	organization'	s exempt p	ourpose i	in Par	t			
	XIII.			-	•							
5	During the year, did the organization solicit or	receive donations	of art, his	toncal treasur	res, or other	sımılar			•			
	assets to be sold to raise funds rather than to									Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arra						"Yes" to	For	m 990	, Part I	V,	
<b>K</b>	line 9, or reported an amount											
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for co	ontributions o	r other asset	ts not					_	
	included on Form 990, Part X?									Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble <sup>.</sup>			_					
							[			Amount	i	
С	Beginning balance						[	1c				
	Additions during the year							1d				
	Distributions during the year							1e_				
f	Ending balance						[	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?							X Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been pi	rovided in Pa	rt XIII					X	
Pa	rt V Endowment Funds. Comple	ete if the organi	zation a	nswered "	Yes" to Fo	rm 990,	Part IV	', line	10.			
		(a) Current year	(b)	Prior year	(c) Two yes	ars back	(d) Thr	ee year	s back	(e) Four	years t	back
1a	Beginning of year balance											
b	Contributions									_		
С	Net investment earnings, gains, and									Ì		
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance		<u></u>									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a))	held as:							
а	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ▶ %											
c	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.										
За	Are there endowment funds not in the posses	sion of the organiz	ation that	are held and	administere	d for the						
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	listed as required	on Sched	ule R?						3b		<u> </u>
4	Describe in Part XIII the intended uses of the	organization's ende	owment fu	unds								
Pa	rt VI	pment. See Fo	<u>rm 990,</u>	Part X, line	e <u>1</u> 0.							
	Description of property	(a) Cost or other	basis	(b) Cost or o			Accumulate	d		(d) Book	value	
		(investment)	)	(oth	er)		epreciation	537	/***			
1a	Land						# °C		4			_
b	Buildings								+			
	Leasehold improvements								4-			
d	Equipment				8,273		8	<u>, 27</u>	3			
	Other	1							-			
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	rt X, colur	nn (B), line 10	D(c) )				<u> </u>			
									Cabad	ula D (Fo	·m 000	11 201 2

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

 $\triangleright$ 

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

#### Part XIII | Supplemental Information

b Other (Describe in Part XIII )c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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 IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

LANE ARTS COUNCIL'S FISCAL SPONSORSHIP SERVICE ALLOWS SMALL AND EMERGING

ORGANIZATIONS TO RECEIVE SERVICES AND SUPPORT FROM LANE ARTS COUNCIL. THIS

INCLUDES RECEIVING AND DISPERSING DESIGNATED FUNDS ACCORDING TO THE

INSTRUCTIONS OF THE GRANTORS. IT ALSO INCLUDES BOOKKEEPING, RECORDKEEPING

AND FINANCIAL REPORTING ASSOCIATED WITH MANAGEMENT OF THE FUNDS.

IF ACCEPTED FOR THIS SERVICE, THE PRIMARY BENEFIT TO THE GRANTEE OF FISCAL SPONSORSHIP WILL BE THE EXPERTISE AND CREDIBILITY OF LANE ARTS COUNCIL. IT IS NOT FOR THE PURPOSE OF GUARANTEEING A TAX DEDUCTION UNDER THE TAX CODE. A PROJECT OR PROGRAM SEEKING LANE ARTS COUNCIL FISCAL SPONSORSHIP WILL BE EVALUATED ON THE FOLLOWING CRITERIA. THE PROJECT OR PROGRAM MUST SUBMIT APPROPRIATE MATERIAL INDICATING:

- 1. COMPATIBILITY WITH LAC'S GOALS AND OBJECTIVES FOR DEVELOPMENT AND PROMOTION OF COMMUNITY AND PROFESSIONAL ARTS AND ARTS EDUCATION.
- 2. A CLEARLY DEFINED ORGANIZATIONAL STRUCTURE AND A WELL-PLANNED PROJECT.

4c

#### Part XIII | Supplemental Information (continued)

- 3. A BUDGET THAT SPECIFIES EXPENDITURES AND EXPECTED SOURCES OF INCOME.
- 4. PERFORMANCE CREDIBILITY OF THE PROGRAM OR PROJECT.

LANE ARTS COUNCIL RECEIVES 5%-10% OF THE TOTAL REVENUE RECEIVED BY THE PROJECT, AS DETERMINED BY THE BOARD OF DIRECTORS.

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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
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**ջ** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Employer identification number X Yes 93-0681430 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? LANE ARTS COUNCIL Name of the organization Part II Part

Part IV, line 21, for any recipient that received more than	t received more t	han \$5,0	\$5,000. Part II can be duplicated if additional space is needed.	duplicated if addit	ional space is n		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY CENTER PERFORMING ARTS 291 W 8TH AVENUE							COMMUNITY ARTS
EUGENE OR 97401	51-0191790	501 (C)	6,000				
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	t organizations listed	In the line	1 table				▶ 26

Schedule I (Form 990) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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. Schedule I (Form 990) (2012) LANE ARTS COUNCIL

	(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)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
2						
၉						
4						
တ						
9						
7						
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.	plete this part to provi	de the information re	equired in Part I, line	2, Part III, column (b), and	any other additional

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 PROJECT REPORTS ARE GIVEN TO LANE ARTS COUNCIL BY THE GRANT RECIPIENTS

### **SCHEDULE 0**

(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.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LANE ARTS COUNCIL

Employer identification number 93-0681430

FORM 990, PART I, LINE 6

UNPAID BOARD OF DIRECTORS AND OTHER UNPAID VOLUNTEERS WORKING ON PROGRAMS AND IN THE OFFICE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE 990 WILL BE GIVEN TO ALL BOARD MEMBERS PROIR TO THE MEETING WHERE IT WILL BE PRESENTED BY THE ACCOUNTANT WHO PREPARED THE FORM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH DIRECTOR, PRINCIPAL OFFICE, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON A. HAS RECEIVED A COPY OF THE CONFILICT-OF-INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, C. HAS AGREED TO COMPLY WITH THE POLICY, AND D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE EXECUTIVE DIRECTOR AFTER CREATING A SALARY RANGE IN THE JOB DESCRIPTION AND THEN NEGOTIATING WITHIN THE SALARY RANGE CREATED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

Page 2

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Employer identification number Name of the organization 93-0681430 LANE ARTS COUNCIL FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION MGT & GENERAL FUNDRAISING PROGRAM SERVICE ARTIST FEES \$

81,267