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232001 12-10-12

Department of the Treasury

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

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning JU	JL 1, 2012 and	ending J	UN 30, 2013					
В	heck if	C Name of organization			D Employer identific	ation number				
а	pplicabl									
	_Addre	S REGIONAL ARTS & CULTURE	COUNCIL							
	Name chang	Doing Business As			93-10)59037				
]Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number					
	Termir ated	411 14111 11HH 114DHOD		101	(503)					
	Ameno return	City, town, or post office, state, and ZIP code			G Gross receipts \$	6,948,600.				
	Applic	FORTHAND, OR 3/203			H(a) Is this a group return					
	pendir	F Name and address of principal officer:ELO	SE DAMROSCH		for affiliates? Yes X No					
	uded? Yes No									
17	ах-өх	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a l	ist (see instructions)				
		te: ► WWW.RACC.ORG			H(c) Group exemption					
KF	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 1995 M	State of legal domicile: OR				
	ırt I	Summary								
- O	1	Briefly describe the organization's mission or most:	significant activities. SEE	SCHEDU	LE O					
Governance										
Ĕ	2	Check this box If the organization discon	tinued its operations or dispo	osed of more	than 25% of its net as:					
ě	3	Number of voting members of the governing body (Part VI, line 1a)		3	25				
	4	Number of independent voting members of the gov	eming body (Part VI, line 1b)		4	25				
Activities &	5	Total number of individuals employed in calendar ye	ear 2012 (Part V, line 2a)		5	33				
viti	6	Total number of volunteers (estimate if necessary)			6	500				
Ç	7 a	Total unrelated business revenue from Part VIII, col	ımpi (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 9	90-T, Jige 89		7b	0.				
ø		de	FEB 2014		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	FEB	<u> </u>	7,465,729.	6,589,249.				
eur	9	Program service revenue (Part VIII, line 2g)	100 100		394,187.	197,622.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4,	Sr. / L	113,938.	112,146.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	90, 106, and 11e) 2014		14,052.	-33,423.				
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)	9	7,987,906.	6,865,594.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	<i>y</i>	2,621,268.	2,849,474.				
		Benefits paid to or for members (Part IX, column (A)			0.	0.				
es	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5/10))	1,973,722.	2,069,759.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii	ne 11e)		0.	0.				
Š	1	Total fundraising expenses (Part IX, column (D), line		302.		0 616 044				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	<u> </u>	2,939,980.	2,616,244.				
	18	Total expenses. Add lines 13-17 (must equal Part IX	., column (A), line 25)	<u> </u>	7,534,970.	7,535,477.				
	19	Revenue less expenses. Subtract line 18 from line	2		452,936.	-669,883.				
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year				
sset 3ala	20	Total assets (Part X, line 16)		<u> </u>	6,076,936.	5,577,192.				
et Pd-A	21	Total liabilities (Part X, line 26)			3,453,162.	3,485,123.				
즱	22	Net assets or fund balances. Subtract line 21 from	ine 20		2,623,774.	2,092,069.				
	art II	Signature Block				Impulades and halist it is				
		alties of perumy, I declare that I have examined this return, i				knowledge and beller, it is				
true	, correc	ct, and complete, peclaration of preparer (other than officer) is based on all information of v	vnich preparer		12				
		Signature of officer			<u>/ · 2. [· /</u>	7				
Sig		1'	TIVE DIRECTOR		54.0					
Her	e	Type or print name and title	TVE DIRECTOR							
			Dropoverio of pot	/	Date Check	II PTIN				
Paid	4	Print/Type preparer's name YEE LEE LO	Preparer's sto nature							
	parer	Firm's name GARY MCGEE & CO.	ELP C		Firm's EIN	1 FOID 300				
	Only		VENUE, SUITE 70	0.0	, I IIIII S EIIV					
USE	omy	PORTLAND, OR 9720			Phone no. (5	503) 222-2515				
A 4 =	. 440 - 1	RS discuss this return with the preparer shown about			Tritolie ilu. (a	Yes No				
		10-12 LHA For Paperwork Reduction Act Notice		tions	 	Form 990 (2012)				
2321	U 12-	NOTICE TO THE REPORT OF THE PROPERTY OF THE PR	.,			(((

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Total program service expenses

			· ·	••
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7,7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	٠, ~	5 86.	× .
	as applicable	لتتعصه	22	<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا ـ م ا	х	
L.	Part VI	11a		
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	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		 -
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule 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 Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			w
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	_^_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		х
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
ט	in 165 to into 204, and the organization attach a copy of its addition interior statements to this feturity	200		L

Form 990 (2012) REGIONAL ARTS & CULTURE 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 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 1X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, 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		<u> </u>
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			х
b	Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? 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	· 5 @	41%	1 6 773
	instructions for applicable filing thresholds, conditions, and exceptions):			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	185444	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
24	contributions? If "Yes," complete Schedule M	30	X	├─-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		_	
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	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 19?	- -		T
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2012)

Form **990** (2012)

Form 990 (2012) REGIONAL ARTS & CULTURE COUNCIL 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	1a	252						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		12.245				
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le gaming						
Ī	(gambling) winnings to prize winners?	•		1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				14 .				
	filed for the calendar year ending with or within the year covered by this return	2a	33	, , , , , , , , , , , , , , , , , , ,	*	, , ,			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	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	authorit	y over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country: ▶			1,0					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	ts.		<u>*</u>				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		_5b		X			
С	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 to	he orga	nization 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 contribu	tions or	gifts						
	were not tax deductible?			6b	ميلانث.				
7									
а									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u>X</u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	iired	_		х			
	to file Form 8282?	1 1		_7c	, ž	<u> </u>			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	:2		ستشت	X			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		l r	7e 7f		$\frac{x}{x}$			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont if the organization received a contribution of qualified intellectual property, did the organization file F		00 as roquired?	7g	N/				
g				79 7h	N/	_			
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					<u> </u>			
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8					
9	Sponsoring organizations maintaining donor advised funds.	y	a dan mg una year i		~ 1½.	عوث			
а	Did the organization make any taxable distributions under section 4966?		N/A	9a					
b			N/A	9b					
10	Section 501(c)(7) organizations. Enter:			> Age.		î î			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a							
b		10b			,	ļ.			
11	Section 501(c)(12) organizations. Enter:			,					
а	Gross income from members or shareholders N/A	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		 	٠,	4)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		L			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		 	***	, ,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		37/3	< 3 ⁵	* *	1/6			
а	· · · · · · · · · · · · · · · · · · ·		N/A	13a		 			
	Note. See the instructions for additional information the organization must report on Schedule O.			\	`	l			
b	- · · · · · · · · · · · · · · · · · · ·	1 1			, .				
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		44-		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	do O		14a	 	^			
h	- II. TARE I DAR ITTIIRO A FORDI IZU IO TROOT TORSE DAVIMENTS (II. IVO., DIOVIDE AD EXDIADATION ID SCOROU	MT L /		. 14D					

Form 990 (2012) REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 25									
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ .								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		. *	٠.						
b	Enter the number of voting members included in line 1a, above, who are independent 25		1 m							
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		Х						
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		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		Х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	4 ,5	نَدِيْ	7 35						
а	The governing body?	8a	X	***************************************						
	Each committee with authority to act on behalf of the governing body?	8b	Х							
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	ļ	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	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	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	×.		. T						
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	Х							
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	Х							
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>						
14	Did the organization have a written document retention and destruction policy?	14	х							
15	Did the process for determining compensation of the following persons include a review and approval by independent	7.	The second	· (%)						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-1. 72						
а	The organization's CEO, Executive Director, or top management official	15a	X	tina						
	Other officers or key employees of the organization	15b	X	 						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	18,200		j						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- 4	35%	100						
	taxable entity during the year?	16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.00	177	- 3						
-	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								
Sec	tion C. Disclosure	1		·						
17	List the states with which a copy of this Form 990 is required to be filed ▶OR									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.		_							
	Own website Another's website X 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, as	nd fina	ncial							
פו	statements available to the public during the tax year.	a								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•							
20	CYNTHIA KNAPP - (503) 823-5111									
	411 N.W. PARK AVENUE, SUITE 101, PORTLAND, OR 97209									
22200										

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.

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average hours per	box	(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week		cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Se oc	stee			nsated		(W-2/1099-MISC)	(***271099****13C)	organization
	organizations	trust	nal tru		oyee	ошре		(,		and related
	below	ndıvıdual	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
	line)	Ē	Ē	#5	Key	£.	For			
(1) JESSE BEASON	2.00	X	ļ		l	l		0.	0.	
BOARD MEMBER (2) NIK BLOSSER	2.00	12		\vdash	_	-			<u> </u>	0
BOARD MEMBER	2.00	x			l	Ì		0.	0.	0
(3) VERLEA G. BRIGGS	2.00	 ^``	├		\vdash	┼─				
BOARD MEMBER	2.00	\mathbf{x}						0.	0.	0
(4) JESSICA L. CLARK	2.00	1=	T		 	T				
BOARD MEMBER		x						0.	0.	0
(5) JAY CLEMENS	2.00	T								
BOARD MEMBER		X			L			0.	0.	0
(6) EILEEN DAY	2.00									
BOARD MEMBER		X						0.	0.	0
(7) DARYL DIXON	2.00	┨.						_	_	_
BOARD MEMBER		X	<u> </u>			<u> </u>		0.	0.	0
(8) MIKE GOLUB	2.00	۱								_
BOARD MEMBER		X	<u> </u>		_	\vdash	<u> </u>	0.	0.	0
(9) STACEY A. GRAHAM	2.00	١.,		1	1]		,		,
BOARD MEMBER	2.00	X	├	<u> </u>		-	ļ	0.	0.	0
(10) KIRA HIGGS	2.00	$ \mathbf{x} $		l	Į			0.	0.	
BOARD MEMBER (11) PHILLIP T. HILLAIRE	2.00	1^	\vdash	₩.,	 —	┾		U •	<u> </u>	0
BOARD MEMBER	2.00	$ \mathbf{x} $						0.	0.	0
(12) ERIC HORMEL	2.00	+	╁	 	H	╁╌	\vdash	 	ļ	<u> </u>
BOARD MEMBER		$ \mathbf{x} $			ŀ		İ	0.	0.	О (
(13) DR. JERRY E. HUDSON	2.00	+==	┢	T	m	╁┈	\vdash			
BOARD MEMBER		\x	ł	}	\	1	\	0.	0.	0
(14) KAREN KARBO	2.00	1			\vdash	Т	T			
BOARD MEMBER		X	L		L	L	L	0.	0.	0
(15) JOE KRUMM	2.00				Γ		Π			
BOARD MEMBER		X	lacksquare	_			L	0.	0.	0
(16) MAX M. MILLER, JR.	2.00		1						_	_
BOARD MEMBER		<u> </u>	\vdash	-	1	↓_	<u> </u>	0.	0.	0
(17) BONITA OSWALD	2.00	١.,						1	1	_
BOARD MEMBER		X		<u> </u>	<u> </u>	⊥_	<u> </u>	0.	<u> </u>	0

232007 12-10-12

Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)			
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	Ė	cer an	io a o	recto	or/trus	1	from	from related	other	
	(list any	600					1	the	organizations	compensation	
	hours for related	₽ 5	, e			ate		organization	(W-2/1099-MISC)	from the	
	organizations	ıstee	trust			bens		(W-2/1099-MISC)		organization and related	
	below	ual tri	onal		e e	T COE	١.			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог шег			organizations	
(18) JOANNA PRIESTLEY	2.00	ᆖ	트	5	×	宝克	<u> </u>	-			
BOARD MEMBER		x						0.	0.	0.	
(19) BRIAN RICE	2.00	-									
BOARD MEMBER		Х						0.	0.	0.	
(20) JAN ROBERTSON	2.00							-		· -	
BOARD MEMBER		X						0.	0.	0.	
(21) LINA GARCIA SEABOLD	4.00					Γ					
BOARD CHAIR		X		X				0.	0.	0.	
(22) PEG MALLOY	4.00								_	_	
VICE CHAIR		X		X			L	0.	0.	0.	
(23) ALAN ALEXANDER III	4.00						1		_	_	
SECRETARY	L	X		X		<u> </u>	<u> </u>	0.	0.	0.	
(24) JENNIFER C. CIES	4.00	l			İ						
TREASURER		Х		Х				0.	0.	0.	
(25) CAROL R. SMITH	4.00				ĺ						
CHAIR EMERITUS		Х		Х				0.	0.	0.	
(26) ELOISE DAMROSCH	40.00							100 100			
EXECUTIVE DIRECTOR		L_	<u>L</u>	X				120,425.	0.	19,921.	
1b Sub-total						\blacktriangleright		120,425.	0.	19,921.	
c Total from continuation sheets to Part V	II, Section A							210,333.	0.	33,773.	
d Total (add lines 1b and 1c)						>		330,758.	0.	53,694.	
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	_	
compensation from the organization										3	
										Yes No	

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

3 X
4 X
5 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
	ARTIST FOR PUBLIC ARTS COMMISSION	340,000.
S.W. MORRISON ST, STE 1000, PORTLAND, OR	IMPLEMENTATION PARTNER, RIGHT BRAIN	271,399.
5305 ALHAMBRA AVENUE, LOS ANGELES, CA 90032		269,500.
LARRY KIRKLAND STUDIO 5721 UTAH AVENUE N.W., WASHINGTON, DC 20015	ARTIST FOR PUBLIC ARTS COMMISSION	119,100.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Form 990 (2012)

		Check if Schedule O con	tains a response	to any question	A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
S a	b	Membership dues	1b]		ł	
Am Am	C	Fundraising events	1c	29,525.		,		
풀	d	Related organizations	1d					
Ş, E	е	Government grants (contribu	tions) 1e 6,	332,764.]			
ti Si	f	All other contributions, gifts, gran	nts, and]			
資業		similar amounts not included abo	ove 1f	226,960.			*	1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$	50,779.			, · ·	
<u>2 g</u>	h	Total. Add lines 1a-1f			6,589,249.	* */	** ."	, '1
- 1				Business Code	1 1 1 7 7	- 4 5 %	> x - %	,
<u>8</u>	2 a	PRIVATE CONTRAC	CTS	900099	197,622.	197,622.		
ا بو ج	b	·						
en S	¢							_
e a	d	l						
Program Service Revenue	е							
<u>- </u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f			197,622.		- * 34, \$ \$. 4. 4. 3 F.
	3	Investment income (including	ı dıvıdends, ınter	est, and				
		other similar amounts)		>	112,146.			112,146.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a			-				
		Less: rental expenses						
i		Rental income or (loss)	L	L	·			* * * * * * * * * * * * * * * * * * * *
İ	_ d	()		<u> </u>	3		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			, ş. 4 ^ `s	* 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		San San San San San San San San San San
	D	Less: cost or other basis			(\$) . () ()	14 / 1/4 L. 3.	11 5 1 3 3 4	
	_	and sales expenses		 -				
		Gain or (loss)	L	L	- <i>4</i>			<u> </u>
Ì		Net gain or (loss)		<u> </u>	F			
nue	o a	Gross income from fundraising	ig events (not 525 • of		8 4, 2 2 3.	* - > *; *. *	5 - 3 8, 40	多步者 公司。
ě							·	
æ		contributions reported on line	·	44,611.	. %	·	₩· ,	2 14 1 1 5
Other Reve	h	Part IV, line 18	а	83,006.			, g, r,	r iş
ชี		Less direct expenses Net income or (loss) from fund	b	03,000.	-38,395.			
		Gross income from gaming a	-		30,393.		4× 8	-38,395.
	<i>3</i> a	Part IV, line 19			. ,		٠. ﴿ ﴿	2 27.4
	h	Less: direct expenses	a b		•		* * *	
1		Net income or (loss) from gan			~~~~~			
.		Gross sales of inventory, less	•					,
	10 a	and allowances					• • •	
	h	Less: cost of goods sold	a b			,		
		Net income or (loss) from sale	_					
_		Miscellaneous Revenu		Business Code				
l l	11 a	OTHER REVENUES		900099	4,972.			4,972.
	a b				-/2/2		 -	=,,,,,,,
	c	· · · · · · · · · · · · · · · · · · ·						
	ď	All other revenue						
	е	Total. Add lines 11a-11d		—	4,972.			
	2	Total revenue. See instructions.			6,865,594.	197,622.	0.	78,723.
232009 12-10-1:	,				···			Form 990 (2012)

	ion 501(c)(3) and 501(c)(4) organizations must com	···-··	her erganizations must e	omplete column (A)	
3601	Check if Schedule O contains a respon			ompiete column (A)	X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	0 205 552		. ,	gen to the
	organizations in the United States. See Part IV, line 21	2,327,553.	2,327,553.		200
2	Grants and other assistance to individuals in	F01 001	F04 004	1	M
_	the United States. See Part IV, line 22	521,921.	521,921.	<u> </u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			, v 4	
4	United States. See Part IV, lines 15 and 16				
, 4 5	Benefits paid to or for members			* * * * * * * * * * * * * * * * * * * *	* '
3	Compensation of current officers, directors, trustees, and key employees	270,243.	29,810.	240 422	
6	Compensation not included above, to disqualified	270,243.	29,010.	240,433.	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,355,136.	869,853.	429,286.	55,997.
8	Pension plan accruals and contributions (include		303,033.	127,200.	33,331.
•	section 401(k) and 403(b) employer contributions)	78,926.	50,980.	24,660.	3 286
9	Other employee benefits	228,897.	133,072.	85,859.	3,286. 9,966.
10	Payroll taxes	136,557.	83,802.	48,999.	3,756.
11	Fees for services (non-employees):		30,002.	20,333.	3,730.
	Management				
	Legal				· · · · · · · · · · · · · · · · · · ·
	Accounting	16,693.		16,693.	
d	*	<u>, , , , , , , , , , , , , , , , , , , </u>			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g					
	column (A) amount, list line 11g expenses on Sch O.)	2,071,740.	2,041,556.	25,884.	4,300.
12	Advertising and promotion				
13	Office expenses	95,625.	58,010.	36,808.	807.
14	Information technology	19,418.	18,125.	1,293.	
15	Royalties				
16	Occupancy	209,574.	2,358.	207,216.	
17	Travel	32,573.	21,152.	11,421.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,186.	16,293.	14,632.	261.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,623.	880.	45,743.	
23	Insurance	7,845.		7,845.	
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)	, f	* J	,	,
	amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	43,229.	21,346.	21,798.	85.
b	EQUIPMENT AND MAINT.	41,738.	10,615.	31,123.	
C	ADMIN. ALLOCATION	0.	333,358.	-354,202.	20,844.
d					
	All other expenses	7 525 177	6 540 604	005 404	00 200
25	Total functional expenses. Add lines 1 through 24e	7,535,477.	6,540,684.	895,491.	99,302.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation. Check here	ŀ			
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Га	πX	Check if Schedule O contains a response to an	/ GUOS	tion in this Bart V			· · · · · · · · · · · · · · · · · · ·
		Officer in deficación de contrains a response to an	y ques	HOITIII HIIS FAIL X	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	-		444,229.	1	327,217.
	2	Savings and temporary cash investments			1,158,478.	2	1,051,922.
	3	Pledges and grants receivable, net			1,002,088.	3	574,590.
	4	Accounts receivable, net		686.	4	643.	
	5	Loans and other receivables from current and fo	ormer d	officers directors		 	
		trustees, key employees, and highest compensi	′		* * *		
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	,		
	İ	section 4958(f)(1)), persons described in section		.			
	Ĭ	employers and sponsoring organizations of sec			1		
		employees' beneficiary organizations (see instr).	• • • •		6		
ets	7	Notes and loans receivable, net			332,910.	7	294,006.
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		28,868.	9	66,410.	
	10a	Land, buildings, and equipment cost or other	1		3 4 5 2 5 4 5 7		
		basis Complete Part VI of Schedule D	10a	336,327.	\$ 6 25 2 5200 *	~ ^ .	
	b	Less: accumulated depreciation	10b	125,379.	217,871.	10c	210,948.
	11	Investments - publicly traded securities	2,891,806.	11	3,051,456.		
	12	Investments - other securities See Part IV, line	· · · · · · · · · · · · · · · · · · ·	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	6,076,936.	16	5,577,192.
	17	Accounts payable and accrued expenses	269,718.	17	242,903.		
	18	Grants payable		445,183.	18	553,419.	
	19	Deferred revenue			2,738,261.	19	2,688,801.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	roffice	rs, directors, trustees,		\$ 14 m	24 Yak (一) 一道 3
ap		key employees, highest compensated employee	es, and	disqualified persons.			
_		Complete Part II of Schedule L			THE RESERVE THE PROPERTY OF THE PARTY OF THE	22	- The compliance of the company of t
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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			3,453,162.	26	3,485,123.
		Organizations that follow SFAS 117 (ASC 958), che	ck here X and			***
ş		complete lines 27 through 29, and lines 33 and	d 34.		* 1/1		1 3 1 mm 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1
au	27	Unrestricted net assets			2,184,643.	27	1,891,163.
Bal	28	Temporarily restricted net assets			439,131.	28	200,906.
Б	29	Permanently restricted net assets		29			
Ē	i	Organizations that do not follow SFAS 117 (A	8), check here 🕨 📖	, , , , , , , , , , , , , , , , , , , ,	4, 4		
S O		and complete lines 30 through 34.			·		<u></u>
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
~	33	Total net assets or fund balances			2,623,774.	33	2,092,069.
	34	Total liabilities and net assets/fund balances		·	6,076,936.	34	5,577,192.

Form	990 (2012) REGIONAL ARTS & CULTURE COUNCIL	93-	-1059037	Pag	ge 12
Pa	rt 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	6,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	-669	9,8	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,62	3,7	74.
5	Net unrealized gains (losses) on investments	5	138	3,1	78.
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	2,092	2,0	<u>69.</u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u>
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			**	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		37	7
	separate basis, consolidated basis, or both:			4-	
	Separate basis Consolidated basis Both consolidated and separate basis		اعتقدا	10.3	9
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis	,	2.4	
	consolidated basis, or both				100
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			.Tigg
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	6.0Ka.080.7U
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		646-94 4° 1	(4)	500
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		201.00	
	Act and OMB Circular A-133?		3a		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		2010
			Earma (uui 1 /	20101

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

3 Open to Public

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

Pa	₹∏	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1				s, or association of chur	-		•	•					
2				'0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization			170/h)/1\/	ΔYiii)					
4				operated in conjunction					(h)(1)(A)(iii	i) Enter	the hospital	's nam	10
•		city, and stat				pinal doco.		0.1011 170	(5)(1)(1)(1)	iji Liitoi	ti lo riospital	JIIAII	ιο,
5		-		benefit of a college or ur	niversity o	wned or or	perated by	a govern	mental una	t describ	od in		
			(b)(1)(A)(iv). (Comple		vorony o	····ica or or	Jointed Dy	a governi	nental an	t describ	Jed III		
6				ent or governmental uni	+ alaaa		470/L\/-	W & W. A					
7	$\overline{\mathbf{x}}$								6				
,	-43-1			eives a substantial part	or its supp	ort from a	governme	ental unit c	r from the	general	public desc	ribed i	n
_			b)(1)(A)(vi). (Comple	•	, <u> </u>								
8	=	-		section 170(b)(1)(A)(vi).		•							
9				eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	'5.
			509(a)(2). (Complete	•									
10	=			perated exclusively to te		-			-				
11				perated exclusively for the									or
				ations described in secti				2). See se c	tion 509(a	a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and compl		_							
		a L Type			• •	inctionally	_				n-functional		
e		By checking	this box, I certify the	it the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	ın
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									
g		Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
		(ı) A perso	n who directly or ind	irectly controls, either al	lone or tog	gether with	persons o	lescribed	ın (ıı) and (ı	ııı) below	.	Yes	No
				upported organization?	_		•		,,,,,	,	11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		_
		-	•	person described in (i) o		e?					11g(iii)		
h			•	about the supported or							[.: ·a()	 _	
•••					gu .	.(0).							
	Mama	of supported	/::\ CIN	/:::\ Tupe of examination	(iv) Is the o	organization	(v) Did voi	notify the	(vi) ls	the	4 113 A		
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		isted in your		ion in col.	i organizatio	n in col. '	(vii) Amount		netary
	oi ya	ilization		above or IRC section	. , ,	document?		support?	(i) organiz U.S	ea in the .?	sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
			<u></u>	<u> </u>	100	110	163	110	103	140			
				İ									
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]		1	}	1		1	<u> </u>			
										 			
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					1					<u> </u>			
					l. *	1 32 6			LANGE TO				

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	ction A. Public Support			·								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and					1						
	membership fees received (Do not				ļ							
	include any "unusual grants.")	5,557,221.	5,567,731.	5,768,755.	7,465,729.	6,589,249.	30,948,685.					
2	Tax revenues levied for the organ-											
	ızatıon's benefit and either paid to											
	or expended on its behalf				<u> </u>							
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	5,557,221.	5,567,731.	5,768,755.	7,465,729.	6,589,249.	30,948,685.					
5	The portion of total contributions	, , , , , ,			Company of the state of the sta							
	by each person (other than a		* * * ; ; ,	Marin Salaria de la Companya de la C	2 84 m 1 m							
	governmental unit or publicly	, , ,		1 1 m m	100							
	supported organization) included		.,	, ,								
	on line 1 that exceeds 2% of the		1 7 7 7 8 8 8 8									
	amount shown on line 11,		* * * * * * * * * * * * * * * * * * * *			X						
	column (f)	^ * ~	- C - 200 - 1		会会・大学業者							
	Public support. Subtract line 5 from line 4	, 4 .	, , , , , , , , , , , , , , , , , , , ,	, a × 4	14 4 A 1 A	-X340 17 V	30,948,685.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
7	Amounts from line 4	5,557,221.	5,567,731.	5,768,755.	7,465,729.	6,589,249.	30,948,685.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources 78,790. 57,362. 86,269. 113,938. 112,146. 448,505.											
9	Net income from unrelated business											
	Net income from unrelated business activities, whether or not the											
	business is regularly carned on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part IV.)	5,914.	2,487.	13,487.		4,972.	40,648.					
11	Total support. Add lines 7 through 10		, , , , , , , , , , , , , , , , , , ,		- 1.5 kg print []		31,437,838.					
	•		•				,664,423.					
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)						
<u> </u>	organization, check this box and stor			···	····		<u> </u>					
	ction C. Computation of Publ											
	Public support percentage for 2012 (I		=	olumn (f))		14	98.44 %					
	Public support percentage from 2011					15	98.31 %					
16a	33 1/3% support test - 2012. If the c				14 is 33 1/3% or n	nore, check this bo						
	stop here. The organization qualifies		-				► X					
Þ	33 1/3% support test - 2011. If the c				line 15 is 33 1/3%	or more, check th	nis box					
	and stop here. The organization qual						▶∟					
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac					rt IV how the organ	ization					
	meets the "facts-and-circumstances"	•	•		•		▶∟					
b	10% -facts-and-circumstances tes											
	more, and if the organization meets the						·					
45	organization meets the "facts-and-circ		_				P					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b								
					Sche	dule A (Form 990	or 990-EZ) 2012					

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	below, please com	pioto i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(8) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-				1		
formed, or facilities furnished in				ľ		
any activity that is related to the organization's tax-exempt purpose			•			
3 Gross receipts from activities that				 	 	
are not an unrelated trade or bus-						
iness under section 513						
	ļ	 		<u> </u>		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	1					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		ŀ			1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	· · · · · · · · · · · · · · · · · · ·	-		 	 	
c Add lines 7a and 7b	1 2 (4 25 a 4 25 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5	4000 CATTON # 1807C				
8 Public support (Subtract line 7c from line 6.) Section B. Total Support	1 8 8 8 0 5 1 2 4 5 5	2 \$ 17 W. W. T. 18 19 W.	A A SEC WAS A SECTION OF THE PARTY OF THE PA	300 m 100 30 00 00 00	A TOP ALL TO DESCRIPTION OF THE PERSON	
	1 () 2000	1 "		T	T	
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,				i		
whether or not the business is regularly carried on						
12 Other income. Do not include gain		 		 	 	 _
or loss from the sale of capital				Į.		
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		1				<u> </u>
14 First five years. If the Form 990 is fo	or the organization	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	lie Cummant De					
Section C. Computation of Pub					T I	
15 Public support percentage for 2012			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					 	
17 Investment income percentage for 2	•	•	ne 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	e organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2011. If the	e organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The orga	anization qualifies	as a publicly supp	oorted organization	. ▶[]

Schedule .	A (Form 990 or											93-1	059037	Page 4
Part IV											d by Part II, lin	e 10; Part I	l, line 17a o	or 17b,
	and Part III,	line 12	Also co	mplete this	s part to	r any add	litional in	formatio	n. (See	instruction	5).			
SCHED	ULE A,	PART	II,	LINE	10,	EXPL	ANAT	ION	FOR	OTHER	INCOME:	<u> </u>		
OTHER	INCOME	(\$4)	0,64	8)										
2008	AMOUNT:	\$	5,9	14.									·	
2009	AMOUNT:	\$	2,4	87.										
2010	AMOUNT:	\$	13,	487.										
2011	AMOUNT:	\$	13,	788.								 .		
2012	AMOUNT:	\$	4,9	72.										
					-									
							. .			<u>.</u>				
							<u> </u>							
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2012
Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
_		AL ARTS & CULTURE			93-1059037
P	art I-A Complete if the or	ganization is exempt und	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pa	art I-B Complete if the or	ganization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax			▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a section				Yes No
48	Was a correction made?				Yes No
L E	If "Yes," describe in Part IV.				
	art I-C Complete if the or				c)(3).
	Enter the amount directly expende				
2	Enter the amount of the filing orga	nization's funds contributed to o	ther organizations for s	_	
_	exempt function activities			•	
3	Total exempt function expenditure line 17b	s. Add lines 1 and 2. Enter here	and on Form 1120-POI	•	
4	Did the filing organization file Form	1120 BOL for this year?		▶\$	Yes No
	Enter the names, addresses and e	•	(N) of all section 527 p	alitical arganizations to which	
_	made payments. For each organize	ation listed, enter the amount pa	id from the filing organ	ization's funds. Also enter th	e amount of political
	contributions received that were p	romptly and directly delivered to	a separate political or	ganization, such as a separa	te segregated fund or a
	political action committee (PAC). If				• •
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			- 	 	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012	REGIONAL AF	RTS & CULTUR	RE COUNCIL	93-1	059037 Page 2
Part II-A Complete if the or		mpt under section	on 501(c)(3) and fi	led Form 5768	, 0,90 =
(election under sec					
		filiated group (and list i	n Part IV each affiliated	d group member's nam	ne, address, EIN,
	are of excess lobbying				
B Check ► if the filing organiza	ation checked box A a	and "limited control" pr	ovisions apply		
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)		<u> </u>	
b Total lobbying expenditures to inf				10,382.	
c Total lobbying expenditures (add		-, (,,,,,,		10,382.	
d Other exempt purpose expenditui				7,425,793.	
e Total exempt purpose expenditure		d)		7,436,175.	
f Lobbying nontaxable amount. Ent	•	•	th columns	521,809.	<u> </u>
If the amount on line 1e, column (a)		obying nontaxable am		7455	() 11 fg * 1 g 17 f
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			28.
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			Programme States
Over \$17,000,000	\$1,000		355 0461 \$1,500,000.		A settle over the set of the set
(3.00.417,000,000		,000			
g Grassroots nontaxable amount (ei	oter 25% of line 1ft			130,452.	
h Subtract line 1g from line 1a. If zer	•			0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than ze	•	line 11 did the organia	ration file Form 4720		· · · · · · · · · · · · · · · · · · ·
reporting section 4911 tax for this		into 11, did the organiz	ation me roim 4720	Г	Yes No
		eraging Period Under	Section 501(h)		
(Some organiz		section 501(h) electio		plete all of the five	
		ne instructions for line			
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	433,823.	446,540.	522,002.	521,809.	1,924,174.
b Lobbying ceiling amount	1 4 15 6 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *	Sec. 3. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		, = = = , = : = :
(150% of line 2a, column(e))	A	31. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			2,886,261.
c Total lobbying expenditures	2,500.	3,193.	2,500.	10,382.	18,575.
d Grassroots nontaxable amount	108,456.	111,635.	130,501.	130,452.	481,044.
e Grassroots ceiling amount	*,	· (A × ') * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(+ 7 + 4 & 2 Expert 1) 1	
(150% of line 2d, column (e))	* 4		* , * , * * * * * * * * * * * *		721,566.
f Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 of the filing organization incurred a section 4912 of the filing organization incurred a section 4912 of the filing organization incurred is estendially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only inhouse lobbying expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures from the prior year? 2 Did the organization shall political expenditures from the prior year? 2 Did the organization shall political expenditures from the prior year? 2 Did the organization shall political expenditures from the prior year? 2 Did the organization shall political expenditures from the prior year? 2 Did the organization shall politi		ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	1 (a)	(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did if tile Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the pnor year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year			Yes	No	i	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filling organization incurred a section 4912 tax, did if tile Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the pnor year? 2 Did the organization agree to carry over lobbying and political expenditures from the pnor year? 3 Did the organization agree to carry over lobbying and political expenditures from the pnor year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			**	· · · · · · · · · · · · · · · · · · ·
c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year				 		285 / C
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2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 2a	1			14		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 2a 2b			litical	<u> </u>		
a Current year b Carryover from last year 2b	_		ilicai			
b Carryover from last year	а					
		•				
		•				
c lotal 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	_				 	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		7,7 7		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	d political			
expenditure next year?		· ·		4		
5 Taxable amount of lobbying and political expenditures (see instructions) 5				5	<u> </u>	
Part IV Supplemental Information		IV Supplemental Information				
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I and Part II-B, line 1. Also, complete this part for any additional information	_5_			-	-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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)		<u></u>
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	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	,	Yes No
Par		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	<u> </u>
-	year >	,g,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
-	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		g-
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
L	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	· ·	
	the text of the footnote to its financial statements that descri		p, p,
b	If the organization elected, as permitted under SFAS 116 (A		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	•	
	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 tre	easures, or other similar assets for financial o	
-	the following amounts required to be reported under SFAS 1	_	· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$ ▶ \$
	ricotto indigene in ricini anni i mitti		*

7		L ARTS & C							59037	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	<u>or Othe</u>	<u>r Similar</u>	<u>Asse</u>	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following the	at are a sig	gnificant use	of its	collection	tems
	(check all that apply):									
а	Public exhibition	•			hange progr	ams				
Ь	Scholarly research	•	e [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	iin how th	ey further ti	he organizat	ion's exen	npt purpose	ın Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal trea	sures, or oth	ner sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if the	organizatio	n answered	"Yes" to F	orm 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custode	ian or other interme	diary for d	contribution	ns or other a	ssets not	ncluded		_	
	on Form 990, Part X?							<u> </u>	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	explanatio	n has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete i	f the organization a	nswered	"Yes" to Fo	rm 990, Parl	IV, line 10).	****		
		(a) Current year		nor year	(c) Two year		d) Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance					,				
	Contributions		T							
c	Net investment earnings, gains, and losses									
	Grants or scholarships		 							
	Other expenditures for facilities		 							
•	and programs		1							
f	Administrative expenses		 						·	
	'									
g	End of year balance Provide the estimated percentage of the cur	rent year and balan	(line 1							
2	. •	rent year end balan	•	y, column (a	a)) Held as.					
a	Board designated or quasi-endowment	0/	%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posses.	ession of the organia	zation tha	it are neid a	ind administ	ered for th	ie organizati	ion	T.	
	by:									es No
	(i) unrelated organizations								3a(ı)	 -
_	(ii) related organizations								3a(ii)	
_	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		·			,				
	Description of property	(a) Cost or			or other	1 ' '	cumulated		(d) Book	value
		basis (invest	inent)	Dasis	(other)		reciation	42.42		
1a	Land					The state of the	***			
b	Buildings				0 0 7 1	<u> </u>	10 505	_—		204
С	Leasehold improvements				9,871.		10,587			,284.
d	Equipment			25	6,456.	-	14,792	4.	141	,664.
	Other							+	64.5	0.45-
Total	LAdd lines to through to (Column (d) must e	anual Form 000 Par	t X colun	on (R) line 1	10(c))		•	<u> </u>	2.1()	948.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 REGIONAL ARTS & CULTURE CO	DUNCIL		93-1	059037	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	th Revenue per F	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	7,023	,789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	138,178.			
b	Donated services and use of facilities	2b	20,017.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	158 6,865	,195.
3	Subtract line 2e from line 1			3	6,865	,594.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			**		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a _	_			
b	Other (Describe in Part XIII)	4b		1		
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	6,865	<u>,594.</u>
Pai	t XII. Reconciliation of Expenses per Audited Financial Stater	nents W	ith Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	7,555	,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			400		
а	Donated services and use of facilities	2a	20,017.			
b	Prior year adjustments	2b		\$318 ·		
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	20	,017.
3	Subtract line 2e from line 1			3	7,535	,477.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	7,535	,477.
Pai	t XIII Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to				D, Fait V, line	4, rait
				Sched	ule D (Form S	990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Schedule G (Form 990 or 990-EZ) 2012

Name of the organization

Name of the organization							ntification number
	L ARTS & CULTURE C					93-1059	
Part I Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra I (include profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribe	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		<u> </u>
						 	
		ļ					
Total			>				<u></u>
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notified	d It IS	exempt from r	egistration
							
	 						
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through RACC BENEFIT col. (c)) (event type) (event type) (total number) 1 Gross receipts 74,136 74,136. 29,525. 2 Less: Contributions 29,525. 44,611 44,611. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 12,506. Rent/facility costs 12,506. 16,461. 16,461. 7 Food and beverages 24,650. 24,650. 8 Entertainment 29,389. 29,389. 9 Other direct expenses 83,0064 10 Direct expense summary. Add lines 4 through 9 in column (d) ightharpoons-38,395. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	☐ No
b If "Yes," explain:		

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 REGIONAL ARTS & CULTURE COUNCIL 93-	1059037	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party		
	Name >		-
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Carming manager compensation P		
	Description of services provided		
		·	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$		
<u> </u> -	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		•
		<u> </u>	
			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

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

Open to Public F

► Attach to Form 990.

Name of the organization REGIONAL ARTS & CULTURE	ARTS & CU	LTURE COUNCIL	IL				Employer identification number 93-1059037
Part i General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	stance?						X Yes No
꺙	ocedures for monr	toring the use of grant	funds in the United	d 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	Governments an	d Organizations in the	e United States. C	omplete if the orga	ınızatıon answered "Y	es" 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	\$5,000 Part II can	be duplicated if addit	ional space is need	Jed.			
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
AGNIESZKA LASKA DANCERS							:
1625 S.E. KNAPP STREET							
PORTLAND, OR 97202	20-2565119	501(C)3	7,000.	0			OPPORTUNITY GRANT
ARCHITECTURE FOUNDATION OF OREGON							
111 SW 5TH AVENUE, SUITE 2500				•			
PORTLAND, OR 97240	93-0822389	501(C)3	6,000.	0			PROJECT
TS REPERTORY 1							
MOH							
PORTLAND, OR 97205	93-0828781	501(C)3	45,240.	0			GENERAL SUPPORT
BAG & BAGGAGE PRODICTIONS							
P O BOX 3176							
HILLSBORO, OR 97123	56-2650476	501(C)3	8,000	•			GENERAL SUPPORT
BLUE SKY GALLERY							
122 N.W. 8TH AVENUE							
PORTLAND, OR 97209	51-0185021	501(C)3	9,000.	0.			GENERAL SUPPORT
ACINCO							
				-			
PORTLAND, OR 97209	93-1283107	501(C)3	14,940.	0			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organization	nd government or	yanızatıons listed in th	s listed in the line 1 table				76.
-1	s listed in the line	table					₹.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

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GIONAL ARTS & CULTURE COUNCIL	\ssist
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	nted States (Sche	dule i (Form 990), Par	t=)	
(a) Name and address of organization or government	(p) 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
BOOM ARTS 4216 S.E. RAMONA ST PORTLAND, OR 97206	46-0593728	SOLE PROPRIETOR	6,000.	0.			PROJECT
BROADWAY ROSE THEATRE COMPANY P.O. BOX 231004 TIGARD, OR 97281	93-1069099	501(C)3	18,500.	0.			GENERAL SUPPORT
BUBBAVILLE P.O. BOX 6012 PORTLAND, OR 97228	42-1682932	501(C)3	5,800.	0.			PROJECT
CAPPELLA ROMANA, INC. 3131 N.E. GLISAN STREET PORTLAND, OR 97232	93-1124501	501(C)3	8,500.	0.			GENERAL SUPPORT
CHAMBER MUSIC NORTHWEST 522 S.W. 5TH AVENUE, SUITE 920 PORTLAND, OR 97204	23-7355562	501(C)3	42,100.	0.			GENERAL SUPPORT
CHILDREN'S HEALING ART PROJECT 25 N.W. 23RD PLACE, SUITE 6 PMB 159 PORTLAND, OR 97210	61-1499793	501(C)3	8,000.	.0			GENERAL SUPPORT
COMPASS REPERTORY THEATRE 1550 N.W. 14TH AVENUE. SUITE 308 PORTLAND, OR 97209	27-1404768	501(C)3	5,024.	0.			PROJECT
CONDUIT DANCE, INC. 918 S.W. YAMHILL STREET, SUITE 401 PORTLAND, OR 97205	93-1327229	501(C)3	12,200.	.0			OPPORTUNITY GRANT (\$6,200), PROJECT (\$6,000)
DO JUMP! EXTREMELY PHYSICAL THEATRE - 1515 S.E. 37TH AVENUE - PORTLAND, OR 97214	93-0682075	501(C)3	17,340.	0		G	GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ARTS & CU	CULTURE COUNCIL	ILL nizations in the U	nited States (Sche	edule I (Form 990), Par		93-1059037 Page 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
ESTACADA ARTS COMMISSION 475 S.E. MAIN STREET ESTACADA, OR 97023	93-6002159	SOVERNMENT	5,058.	0			PROJECT
ETHOS MUSIC CENTER 10 N. KILLINGSWORTH STREET PORTLAND, OR 97217	91-1954235	501(c)3	11,500.	0			GENERAL SUPPORT
FEAR NO MUSIC P.O. BOX 1262 PORTLAND, OR 97207	93-1122115	501(C)3	5,400.	0			PROJECT
FRIENDS OF CHAMBER MUSIC 222 N.W. DAVIS STREET, SUITE 405 PORTLAND, OR 97209	23-7124366	501(C)3	12,000.	0.			GENERAL SUPPORT
HAND2MOUTH THEATRE 6551 N. MARYLAND AVENUE PORTLAND, OR 97217	71-0916574	5 01(C)3	5,700.	0.			PROJECT
HOLLYWOOD THEATRE 4122 N.E. SANDY BLVD PORTLAND, OR 97212	93-1074861	501(C)3	16,500.	0.			GENERAL SUPPORT (\$9,500), DPPORTUNITY GRANT (\$7,000)
IMAGO THEATRE P.O. BOX 15182 PORTLAND, OR 97293	93-0813258	501(C)3	17,740.	0.			GENERAL SUPPORT
IMPACT NW 6700 N.E. PRESCOTT STREET PORTLAND, OR 97218	93-0557964	501(C)3	5,998.	0			PROJECT
INDEPENDENT PUBLISHING RESOURCE CENTER - 1001 S.E. DIVISION STREET SUITE 2 - PORTLAND, OR 97202	93-1268523	501(C)3	7,000.	,0			GENERAL SUPPORT
							Schedule I (Form 990)

CULTURE COUNCIL	overnments and Organizations in the United States (Schedule I (Form 990), Part II.)
	ice to Go
ARTS	Assistan
REGIONAL ARTS &	of Grants and Other
e I (Form 990)	Continuation
Schedul	Part II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Organ	nizations in the Ur	n ited States (Sche	edule I (Form 990), Part	(III.)	
(a) Name and address of organization or government	(p) 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
INTERARTS 8316 N. LOMBARD ST. SUITE 341 PORTLAND, OR 97203	27-0975957	501(C)3	10,000.	0.			OPPORTUNITY GRANT
KNOW YOUR CITY P.O. BOX 6021 PORTLAND, OR 97228	27-0746983	501(C)3	5,691.	0.	-		PROJECT
KUKATONON 1530 N.E. MARINE DRIVE PORTLAND, OR 97211	93-1195546	501(C)3	13,200.	0.			SPPORTUNITY GRANT (\$7,500), PROJECT (\$5,700)
LAKEWOOD CENTER FOR THE ARTS 368 S. STATE STREET LAKE OSWEGO, OR 97034	93-0700108	501(C)3	19,000.	0.			GENERAL SUPPORT
LEWIS & CLARK COLLEGE HOFFMAN GALLERY - 0615 S.W. PALATINE HILL ROAD - PORTLAND, OR 97219	93-0386858	501(C)3	5,100.	0.			PROJECT
LITERARY ARTS, INC. 925 S.W. WASHINGTON STREET PORTLAND, OR 97205	93-0909494	501(C)3	31,870.	0.			GENERAL SUPPORT
LIVE WIRE! RADIO 3606 N. MISSISSIPPI AVENUE PORTLAND, OR 97212	20-3813278	501(C)3	8,000.	0.			GENERAL SUPPORT
METROPOLITAN YOUTH SYMPHONY 4800 S.W. MACADAM AVENUE, SUITE 10\$ PORTLAND, OR 97239	23-7447279	501(C)3	20,520.	0		, co	GENERAL SUPPORT
MIRACLE THEATRE GROUP 425 S.E. 6TH AVENUE PORTLAND, OR 97214	93-0907543	501(C)3	18,040.	0	į		GENERAL SUPPORT
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	on of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
EGIONAL ARTS & CULTURE COUNCIL	nments and Organizatio
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REGIONAL ARTS & CULTURE COUNCIL	on of Grants and Other
le I (Form 990)	Continuation
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(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
MULTNOMAH ARTS CENTER 7688 S.W. CAPITOL HWY PORTLAND, OR 97219	93-0841001	501(C)3	8,500.	0.			OPPORTUNITY GRANT
MUSEUM OF CONTEMPORARY CRAFT 724 N.W. DAVIS STREET PORTLAND, OR 97209	93-6028398	501(C)3	6,000.	,0			PROJECT
MY VOICE MUSIC P.O. BOX 28043 PORTLAND, OR 97228	80-0244665	501(C)3	5,307.	.0			PROJECT
NORTHWEST CHILDRENS THEATER AND SCHOOL - 1819 N.W. EVERETT STREET, SUITE 216 - PORTLAND, OR 97209	93-1111344	501(C)3	19,730.	0			GENERAL SUPPORT
NORTHWEST DANCE PROJECT P.O. BOX 42488 PORTLAND, OR 97242	20-2012406	501(C)3	.000,6	0.			GENERAL SUPPORT
NW DOCUMENTARY ARTS & MEDIA 115 S.W. ASH STREET, SUITE 620 PORTLAND, OR 97204	51-0458157	501(C)3	7,000.	0.			GENERAL SUPPORT
OREGON BALLET THEATRE 818 S.E. SIXTH AVENUE PORTLAND, OR 97214	93-1009305	501(C)3	68,700.	0.			GENERAL SUPPORT
OREGON CHILDREN'S THEATRE 1939 N.E. SANDY BLVD. PORTLAND, OR 97232	98-1029151	501(C)3	43,790.	0			GENERAL SUPPORT
OREGON CULTURAL HERITAGE COMMISSION - P.O. BOX 3588 - PORTLAND, OR 97208	93-1093398	501(C)3	10,000.	0.			OPPORTUNITY GRANT
							Schedule I (Form 990)

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Schedule (Form 990) REGIONAL ARTS & CULTURE COUNCIL Dart II Continuation of Grants and Other Assistance to Consuments and Organizations in the United States (Schedule) Form 990) Bot III	ARTS & CU	CULTURE COUNCIL	IL	oited States (Sche	od (no mod) I olimb		93-1059037 Page 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
OREGON REPERTORY SINGERS 10725 S.W. BARBUR BLVD, SUITE 120 PORTLAND, OR 97219	51-0185443	501(c)3	17,780.	0.			GENERAL SUPPORT
OREGON SYMPHONY ASSOCIATION 921 S.W. WASHINGTON STREET, STE 200 PORTLAND, OR 97205	93-0446527	501(C)3	133,020.	.0			GENERAL SUPPORT
ORLO 810 S.E. BELMONT STREET, STUDIO #5 PORTLAND, OR 97214	93-1093949	501(C)3	5,950.	0.		1	PROJECT
PACIFIC CREST SINFONIETTA 1830 N.W. RIVERSCAPE STREET, STE 30 PORTLAND, OR 97209	20-0459975	501(C)3	13,000.	0.			DPORTUNITY GRANT
PACIFIC NORTHWEST COLLEGE OF ART 1241 N.W. JOHNSON STREET PORTLAND, OR 97209	93-1139187	501(C)3	6,000.	0			PROJECT
PHAME ACADEMY 1631 N.E. BROADWAY, SUITE 134 PORTLAND, OR 97232	93-0991167	501(C)3	7,000.	0			GENERAL SUPPORT
PLAYWRITE, INC. P.O. BOX 13420 PORTLAND, OR 97213	20-0414784	501(C)3	11,000.	.0			GENERAL SUPPORT
POLISH LIBRARY ASSOCIATION 3832 N. INTERSTATE AVENUE PORTLAND, OR 97227	42-1589336	501(C)7	5,700.	0			PROJECT
PORTLAND ART MUSEUM 1219 S.W. PARK AVENUE PORTLAND, OR 97205	93-0391604	501(C)3	175,700.	0			GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ARTS & CL Assistance to G	CULTURE COUNCIL o Governments and Organizat	ILL nizations in the U	nited States (Sche	dule I (Form 990), Par		93-1059037 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND BAROQUE ORCHESTRA 1020 S.W. TAYLOR STREET, SUITE 200 PORTLAND, OR 97205	93-0901924	501(C)3	13,010.	0.			GENERAL SUPPORT
PORTLAND CENTER STAGE 128 N.W. 11TH AVENUE PORTLAND, OR 97209	93-1134865	501(c)3	72,490.	0			GENERAL SUPPORT
PORTLAND CHAMBER ORCHESTRA P.O. BOX 9024 PORTLAND, OR 97207	93-0556942	501(C)3	7,000.	0			GENERAL SUPPORT
PORTLAND CHILDREN'S MUSEUM 4015 S.W. CANYON ROAD PORTLAND, OR 97221	93-1278089	501(C)3	6,000.	0.			PROJECT
PORTLAND COLUMBIA SYMPHONY ORCHESTRA - P.O. BOX 6559 - PORTLAND, OR 97228	93-0928813	501(C)3	8,000	0			GENERAL SUPPORT
PORTLAND GAY MEN'S CHORUS P.O. BOX 3223 PORTLAND, OR 97208	93-0776616	501(C)3	8,200.	0			GENERAL SUPPORT
PORTLAND INSTITUTE FOR CONTEMPORARY ART - 415 S.W. 10TH AVENUE, SUITE 300 - PORTLAND, OR 97205	93-1177971	501(C)3	16,770.	.0			GENERAL SUPPORT
PORTLAND OPERA ASSOCIATION 211 S.E. CARUTHERS STREET PORTLAND, OR 97214	93-6034321	501(C)3	121,370.	0.			GENERAL SUPPORT
PORTLAND PIANO INTERNATIONAL P.O. BOX 6469 PORTLAND, OR 97228	20-2482159	501(C)3	.000,8	0			GENERAL SUPPORT
						1	Schedule I (Form 990)

	Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
COUNCIL	s and Organizations in the Unit
NRTS & CULTURE COUNCIL	ssistance to Governments
REGIONAL ARTS &	nuation of Grants and Other A
Schedule I (Form	Part II Contin

Fart II Continuation of Grants and Other Assistance to Governments and Organizations in the Other States (Schedule I (Form 990), Part II)	Assistance to น	vernments and Organ	Inzations in the UI	nted States (Sche	dule I (Form 990), Par	(11)	
(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
PORTLAND PLAYHOUSE 602 N.E. PRESCOTT STREET PORTLAND, OR 97211	30-0507198	501(C)3	10,000.	0.			OPPORTUNITY GRANT
PORTLAND QUEER DOCUMENTARY FILM FESTIVAL - P.O. BOX 14703 - PORTLAND, OR 97293	20-8599277	LLC	5,950.	0			PROJECT
PORTLAND TAIKO 3230 N.E. COLUMBIA BLVD. PORTLAND, OR 97211	93-1309882	501(C)3	25,610.	0.			GENERAL SUPPORT
PORTLAND YOUTH PHILHARMONIC 520 S.W. SIXTH AVENUE, SUITE 820 PORTLAND, OR 97204	93-0386902	501(C)3	17,480.	0			GENERAL SUPPORT
PRINT ARTS NORTHWEST 2075 S.W. 1ST AVENUE, SUITE 2A PORTLAND, OR 97201	93-0799371	501(C)3	5,500.	0.			OPPORTUNITY GRANT
PROFILE THEATRE PROJECT P.O. BOX 14845 PORTLAND, OR 97293	91-1786694	501(C)3	34,180.	0.			OPPORTUNITY GRANT (\$20,000), GENERAL SUPPORT (\$14,180)
RESONANCE ENSEMBLE 5331 S.W. MACADAM AVE. SUITE. 258 PORTLAND, OR 97239	90-0530275	501(C)3	6,000	0.			PROJECT
REX PUTNAM HIGH SCHOOL 4950 S.E. ROETHE ROAD MILWAUXIE, OR 97267	93-0599524	PUBLIC SCHOOL	5,220.	0		H	PROJECT
RISK/REWARD 5011 S.E. 41ST AVE PORTLAND, OR 97202	46-0628128	C CORPORATION	5,985.	0.		н	PROJECT
							Schedule I (Form 990)

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Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)	ARTS & CI	CULTURE COUNCIL	IL vizations in the U	nited States (Sche	edule I (Form 990) Par		93-1059037 Page 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
ROCK 'N' ROLL CAMP FOR GIRLS 5340 N. INTERSTATE AVENUE PORTLAND, OR 97212	93-1321280	501(c)3	5,500.	0			OPPORTUNITY GRANT
STAGED' PORTLAND'S MUSICAL THEATRE SERIES - 1002 15TH STREET - OREGON CITY, OR 97045	20-3125804	501(c)3	5,044.	0.			PROJECT
TEARS OF JOY THEATRE 323 N.E. WYGANT STREET, SUITE 201 PORTLAND, OR 97211	91-1107572	501(c)3	16,900.	0.			GENERAL SUPPORT
THE OBO ADDY LEGACY PROJECT 7725 N. FOWLER AVENUE PORTLAND, OR 97217	93-0919492	501(C)3	25,850.	0.			OPPORTUNITY GRANT (\$20,000), PROJECT (\$5,850)
THE PORTLAND BALLET 6250 S.W. CAPITOL HIGHWAY PORTLAND, OR 97239	93-1320715	501(C)3	9,500.	0			GENERAL SUPPORT
THIRD ANGLE NEW MUSIC ENSEMBLE P.O. BOX 28225 PORTLAND, OR 97228	93-0918692	501(C)3	7,000.	0.			GENERAL SUPPORT
THIRD RAIL REPERTORY THEATRE P.O. BOX 96063 PORTLAND, OR 97296	20-0092657	501(C)3	8,000.	0.			GENERAL SUPPORT
WHITE BIRD 5620 S.W. EDGEMONT PLACE PORTLAND, OR 97239	93-1263353	501(C)3	37,740.	0.			GENERAL SUPPORT
WORDSTOCK, INC. 810 S.E. BELMONT STREET, STUDIO 5 PORTLAND, OR 97214	36-4542690	501(C)3	8,000.	0.			GENERAL SUPPORT
							Schedule I (Form 990)

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93-1059037 Page 1		(h) Purpose of grant or assistance	GENERAL SUPPORT	GENERAL SUPPORT				Schedule I (Form 990)
	(II)	(g) Description of non-cash assistance						
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
	nited States (Sche	(e) Amount of non-cash assistance	0.	0.				
IL	nizations in the U	(d) Amount of cash grant	10,350.	14,440.				
CULTURE COUNCIL	wernments and Organ	(c) IRC section rf applicable	501(C)3	501(C)3				
ARTS & CU	Assistance to Go	(b) EIN	84-1482706	93-0521848				
	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	(a) Name and address of organization or government	WRITE AROUND PORTLAND 917 S.W. OAK STREET, SUITE 406 PORTLAND, OR 97205	YOUNG AUDIENCES OF OREGON 1220 S.W. MORRISON, SUITE 1000 PORTLAND, OR 97205				

REGIONAL ARTS & CULTURE COUNCIL Schedule I (Form 990) (2012)

Page 2

93-1059037

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

Part III

(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
ART/PROJECT	56	421 112	0		
ART/PROFESSIONAL DEVELOPMENT	99	608 08	0		
ART/FELLOWSHIP AWARD		20,000.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, I	me 2, Part III, column	(b), and any other additional info	ormation.
SCHEDULE I, PART I, LINE 2: A GRANTE	臼	CAN RECEIVE UP	TO HALF OF	THEIR GRANT	
IN ADVANCE BY SUBMITTING AN INVOICE.	THE	INAL BALAN	CE CAN ONLY	FINAL BALANCE CAN ONLY BE RECEIVED	
ONCE THE PROJECT OR ACTIVITY IS COMPLETED		AND ALL FI	NAL REPORT	ALL FINAL REPORT/EVALUATION	
REQUIREMENTS ARE SUBMITTED TO RACC.	- 1	GRANT RECIPIENTS MUST		ACKNOWLEDGE	
SUPPORT BY RACC AND WORK FOR ART ((WHEN APPI	APPROPRIATE)	IN ALL PRINTED	TED	
MATERIALS RELATED TO THE FUNDED ACTI	VITY.	AT THE CLOSE	OF THE	GRANT CYCLE,	
GRANT RECIPIENTS ARE REQUIRED TO ST	SUBMIT A	FINAL REPORT	AND	EVALUATION,	
INCLUDING A FINAL BUDGET SHOWING EN	ELIGIBLE 1	EXPENSES A	AND FINAL CO	FINAL CONTRIBUTIONS,	

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

Types of Property Part I (a) (c) (d) Check if Number of Noncash contribution Method of determining amounts reported on contributions or applicable noncash contribution amounts Form 990, Part VIII, line 1g tems contributed $\overline{\mathbf{X}}$ FAIR MARKET VALUE Art · Works of art 245. Art - Historical treasures Art - Fractional interests 3 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate · Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 30,000. Other > (PROMOTIONAL V) X FAIR MARKET VALUE 25 LUNCHEONS AND $\overline{\mathbf{x}}$ 11 10,373. FAIR MARKET VALUE Other -26 OUTREACH SUPP X 16 5,685. FAIR MARKET VALUE Other -27 SUPPLIES X 476. FAIR MARKET VALUE Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b if "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2012)

describe in Part II.

Schedule M	(Form	<u>99</u> 0) (2	1012) I	REG1	ONA	L AF	TS &	CUL	TURE CO	UNC	[L		93-1059	
Part II	Supply the or	oleme ganıza	ental I	Inforr eportin	natio i ng in Pa	1. Com	iplete this umn (b), I informa	s part to	provide the inf ber of contribu	formati itions,	on required by the number of	y Pa iter	rt I, lines 30b, 32b, an ns received, or a comb	d 33, and whether oination of both.
SCHEDU	LE I	M, F	ART	I,	COL	UMN	(B):	THE	NUMBER	IN	COLUMN	В	REPRESENTS	THE
NUMBER	OF	CON	ITRI	BUTI	ONS	REC	EIVE	D.						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
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Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE REGIONAL ARTS & CULTURE COUNCIL (RACC) IS AN INDEPENDENT, OREGON
NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT PROVIDES SERVICES IN
CLACKAMAS, MULTNOMAH, AND WASHINGTON COUNTIES. THROUGH VISION,
LEADERSHIP AND SERVICE, THE REGIONAL ARTS & CULTURE COUNCIL WORKS TO
INTEGRATE ARTS AND CULTURE IN ALL ASPECTS OF COMMUNITY LIFE.
A MAJORITY OF RACC'S FUNDING IS PROVIDED BY A CONTRACT WITH THE CITY OF
PORTLAND, WHICH PROVIDED 69% OF THE SUPPORT AND REVENUES IN 2013.
OTHER LOCAL FUNDERS INCLUDE MULTNOMAH, CLACKAMAS, AND WASHINGTON
COUNTIES, AND METRO, WHICH PROVIDED A COMBINED 8%, INCLUDING AGENCY
TRANSACTIONS. FROM THE PRIVATE SECTOR, RACC'S WORKPLACE GIVING PROGRAM
PROVIDED 5% OF TOTAL REVENUES IN 2013. DONATIONS FROM BUSINESSES,
FOUNDATIONS AND INDIVIDUALS SUPPORTING RACC'S ARTS EDUCATION PROGRAM
ACCOUNTED FOR 2%.
RACC'S SERVICE AREA INCLUDES MORE THAN 1.5 MILLION RESIDENTS, 250
NOT-FOR-PROFIT ARTS AND CULTURE ORGANIZATIONS, AND COUNTLESS ARTISTS OF
EVERY DISCIPLINE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY SERVICES - RACC CONDUCTS WORKSHOPS FOR ARTISTS AND PROVIDES
ORGANIZATIONAL CONSULTING SERVICES FOR EMERGING AND MIDSIZED ARTS
ORGANIZATIONS. RACC PROVIDES A WIDE RANGE OF INFORMATION SERVICES FOR
LOCAL ARTISTS AND ARTS ADMINISTRATORS INCLUDING FREE INFORMATIVE

FORM 990, PART VI, SECTION B, LINE 12C: 1) ALL BOARD MEMBERS RECEIVE THE CONFLICT OF INTEREST POLICY ANNUALLY, IN THEIR BOARD MANUALS, AND ARE 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

REQUIRED TO SIGN AN ACKNOWLEDGMENT OF RECEIPT OF THE CONFLICT OF INTEREST POLICY. 2) ALL BOARD MEMBERS ARE ASKED TO SIGN A DISCLOSURE STATEMENT IN WHICH THEY LIST PERCEIVED AND REAL CONFLICTS OF INTEREST WITH ANY ORGANIZATIONS THAT RECEIVE GENERAL SUPPORT GRANTS. 3) AT THE END OF EACH FISCAL YEAR, ALL BOARD MEMBERS AND OFFICERS (INCLUDING EXECUTIVE DIRECTOR AND DIRECTOR OF OPERATIONS/CFO) RECEIVE A BOARD DISCLOSURE QUESTIONNAIRE AND ARE ASKED TO INDICATE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OFFICERS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND HIGHEST COMPENSATED PROFESSIONAL AND INDEPENDENT CONTRACTORS, AS WELL AS INDICATING IF THEY HAVE ENAGED IN TRANSACTIONS WITH THE ORGANIZATION OR A TAXABLE ORGANIZATION THAT HAS ENGAGED IN BUSINESS TRANSACTIONS WITH THE ORGANIZATION, OR IF THEY HAVE RECEIVED COMPENSATION IN EXCESS OF 1% OF THE ORGANIZATION'S REVENUES. STAFF FOLLOW-UP WITH BOARD MEMBERS TO ENSURE THE ORGANIZATION RECEIVES AS MANY COMPLETED QUESTIONNAIRES AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR (E.D.)

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

CHAIR. NEXT, THE E.D. HAS A FORMAL MEETING WITH THE BOARD CHAIR AND

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

UPCOMING FISCAL YEAR. IN EXECUTIVE SESSION, THE EXECUTIVE COMMITTEE AND

FULL BOARD REVIEW AND APPROVE THE E.D.'S PERFORMANCE EVALUATION AND GOALS,

AND COMPENSATION IS BASED UPON THE COMPENSATION BENCHMARK REPORT CONDUCTED

BY AN INDEPENDENT FIRM DURING FY10-11. THE FULL BOARD APPROVES COMPENSATION

FOR ALL EMPLOYEES, INCLUDING THE E.D. AND DIRECTOR OF OPERATIONS, IN THE

ANNUAL BUDGET.

THE DIRECTOR OF OPERATIONS' (WHO SERVES AS CHIEF FINANCIAL OFFICER)

COMPENSATION IS DETERMINED BASED UPON AN ANNUAL PERFORMANCE REVIEW

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization REGIONAL ARTS & CULTURE COUNCIL	Employer identification number 93-1059037
CONDUCTED BY THE EXECUTIVE DIRECTOR AND THE COMPENSATION	BENCHMARK REPORT
CONDUCTED BY AN INDEPENDENT FIRM DURING FY10-11.	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU	JMENTS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. T	
STATEMENTS ARE MADE AVAILABLE THROUGH OUR ANNUAL REPORT,	WHICH IS MAILED TO
CONTRIBUTORS AND POSTED ON OUR WEBSITE FOR THE GENERAL PU	JBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTIST FEES:	
PROGRAM SERVICE EXPENSES	1,379,062.
MANAGEMENT AND GENERAL EXPENSES	1,053.
FUNDRAISING EXPENSES	300.
TOTAL EXPENSES	1,380,415.
IMPLEMENTATION PARTNER:	
PROGRAM SERVICE EXPENSES	146,228.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,228.
CULTURAL TOURISM:	
PROGRAM SERVICE EXPENSES	100,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100,000.
SUBSTITUTE TEACHERS:	
700212	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization REGIONAL ARTS & CULTURE COUNCIL	Employer identification number 93-1059037
PROGRAM SERVICE EXPENSES	68,554.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,554.
ORGANIZATIONAL DEVELOPMENT FOR GRANTEES:	
PROGRAM SERVICE EXPENSES	53,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,350.
PROGRAM EVALUATION:	
PROGRAM SERVICE EXPENSES	47,987.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,987.
TEACHER PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	36,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,600.
WORKSHOP PRESENTERS:	
PROGRAM SERVICE EXPENSES	15,176.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,176.
232212 01-04-13 4 9	Schedule O (Form 990 or 990-EZ) (2012)

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 156,844.

MANAGEMENT AND GENERAL EXPENSES

9,842.

	ne organizati	on			RTS &	CULT	URE	COUNC	[L			Employer Identification number 93-1059037
FUNDR	AISING	EXPE	NSES	5								4,000.
TOTAL	EXPEN	SES										170,686.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	2,071,740.
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hours per week (list any hours for related organizations below line) 127) CYNTHIA KNAPP DIRECTOR OF OPERATIONS About Sper week (list any hours for related organizations below line) 128) JEFF HAWTHORNE (check all that apply) (compensation from the organization (W-2/1099-MISC) 128) JEFF HAWTHORNE (check all that apply) (compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) 107, 902. 107, 902.	Form 990 REGIONAL									93-105	9037
Name and title Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) (27) CYNTHIA KNAPP DIRECTOR OF OPERATIONS Average hours per week (list any hours for related organizations below line) Average hours (check all that apply) (Average hours (check all that apply)	Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
week (list any hours for related organizations below line) (27) CYNTHIA KNAPP DIRECTOR OF OPERATIONS (1st any hours for related organizations below line) DIRECTOR OF OPERATIONS (28) JEFF HAWTHORNE (1st any hours for related organizations below line) X 107,902. the organizations (W-2/1099-MISC) (W-2/1099-MISC) 1 107,902. 1 107,902.	(A)	(B) Average			(C Posi	c) ition	I		(D) Reportable	(E) Reportable	(F) Estimated amount of
DIRECTOR OF OPERATIONS X 107,902. 0. 17,7 (28) JEFF HAWTHORNE 40.00		week (list any hours for related organizations below line)							from the organization	from related organizations	other compensation from the organization and related organizations
(28) JEFF HAWTHORNE 40.00		40.00	{	l	_v				107 902	_	17 750
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Total to Part VII, Section A, line 1c 210, 333. 33, 7			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	010 000		33,77

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			ightharpoons X				
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)						
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.					
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation				
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 88	368 to request ar	extension				
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	ransfers /	Associated With	Certain				
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details o	on the elec	tronic filing of th	ıs form,				
visit www	urs.gov/efile and click on e-file for Chanties & Nonprofits	1								
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).						
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete						
Part I onl	у .					ightharpoons				
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time					
to file ınc	ome tax returns									
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	mber (EIN) or				
print	1									
	REGIONAL ARTS & CULTURE CO	UNCIL			93-1059	037				
File by the due date for	Number, street, and room or suite no If a P.O. box, s	ee instruc	tions.	Social se	curity number (S	SN)				
filing your return See 411 N.W. PARK AVENUE, NO. 101										
City, town or post office, state, and ZIP code. For a foreign address, see instructions										
	PORTLAND, OR 97209									
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
	• • • • • • • • • • • • • • • • • • • •		•							
Application Return Application R										
Is For		Code	Is For			Code				
	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990		02	Form 1041-A			08				
	20 (individual)	03	Form 4720			09				
Form 990		04	Form 5227			10				
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		-	11				
	O-T (trust other than above)	06	Form 8870		_	12				
	CYNTHIA KNAPP				•					
• The b	ooks are in the care of > 411 N.W. PARK	AVENU	E. SUITE 101 - POR	תו אודים	OR 972	0.9				
	none No. ► (503) 823-5111		FAX No. ▶		7_01(3 / 2					
	organization does not have an office or place of busines	s in the Ur								
	is for a Group Return, enter the organization's four digit		•	f this is fo	r the whole arour	check this				
box ►	. If it is for part of the group, check this box	-								
	equest an automatic 3-month (6 months for a corporation				ers the extension	113 101				
1 110	FEBRUARY 18, 2014, to file the exemp		•		The extension					
	or the organization's return for	it Organiza	tion return for the organization ham	d above	THE EXTERISION					
15 1	п . [™] .									
	calendar year or tax year beginning JUL 1, 2012		d ending JUN 30, 2013							
	A tax year beginning 000 1, 2012	, al	d ending OOK 30, 2013		- ·					
0 164	he tay year antered in line 1 is for lose than 10 months.	book room	on. Instinkentum							
2 If t	he tax year entered in line 1 is for less than 12 months, o	neck reas	on: Initial return	Fınal retur	n					
<u> </u>	Change in accounting period									
					· · · · · · · · · · · · · · · · · · ·					
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			_				
_	nrefundable credits See instructions			3a	\$	0.				
	his application is for Form 990-PF, 990-T, 4720, or 6069,	_				_				
	imated tax payments made. Include any prior year over			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pa	=	·							
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	<u> </u>				
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment i	nstructions.				