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#### SWMAHC

Form

Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

07/01/13 , and ending 06/30/14 For the 2013 calendar year, or tax year beginning C Name of organization Employer identification number Check if applicable SOUTHWEST MINNESOTA ARTS COUNCIL Address change Doing Business As 41-6168522 X Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 507-537-1471 114 N. 3RD ST., PO BOX 55 Terminated City or town, state or province, country, and ZIP or foreign postal code MARSHALL 56258 Amended return 785,211 G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes GRETA MURRAY 114 N. 3RD ST., PO BOX 55 H(b) Are all subordinates included? 56258 If "No." attach a list (see instructions) MARSHALL X 501(c)(3) 501(c) (insert no ) 4947(a)(1) or 527 Tax-exempt status www.swmnarts.org Website > H(c) Group exemption number X Corporation Year of formation 1974 MN Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE FUNDS AND SERVICES TO PROMOTE AND SUPPORT THE ARTS IN THE 18 COUNTIES OF SOUTHWEST MINNESOTA. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 14 3 Number of voting members of the governing body (Part VI, line 1a) 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 26 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year SSC FEB 02 2015 762,499 772,886 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 3,776 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,824 8,616 7,501 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 774,891 785,211 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 493,702 449,622 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 194,020 206,780 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,448 - 35 July 100 b Total fundraising expenses (Part IX, column (D), line 25) 78,257 82,192 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 765,979 738,594 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,912 46,617 19 Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year End of Year 638,267  $600,8\overline{29}$ 20 Total assets (Part X, line 16) 246,451 161,836 21 Total liabilities (Part X, line 26) 391,816 438,993 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign PAULA NEMES TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Woth Paid MATT TAUBERT 01/13/15 self-employed P00901322 Preparer Meulebroeck, Taubert & 41-1987097 Firm's EIN Firm's name Use Only 216 East Main St 507-825-4288 Pipestone, MN 56164 Prepared By MEULEBROECK, TALIBERT & CO., May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013) Fed 41-1987097 AM 5021503

PIPESTONE, MINNESOTA 56164

SWMAHC	
Form 990 (2013) SOUTHWEST MINNESOTA ARTS COUNCIL 41-6168522 Pag	ge 2
Part III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	X
1 Bnefly describe the organization's mission TO PROVIDE FUNDS AND SERVICES TO PROMOTE AND SUPPORT THE ARTS IN THE 18 COUNTIES OF SOUTHWEST MINNESOTA.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X I	
If "Yes," describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code ) (Expenses \$ 607,384 including grants of \$ 449,622 ) (Revenue \$ GRANTS PROGRAMS— SMAC RECEIVED FUNDS FROM THE MINNESOTA STATE ARTS BOARD GENERAL FUND AND	,
MINNESOTA ARTS & CULTURAL HERITAGE FUNDS AS APPROPRIATED BY THE MINNESOTA STATE LEGISLATURE, THE MCKNIGHT FOUNDATION AND OTHERS TO REDISTRIBUTE TO INDIVIDUAL ARTISTS, LOCAL ARTS ORGANIZATIONS, NON-PROFIT ORGANIZATIONS, UNITS OF GOVERNMENT AND SCHOOLS FOR ARTS PRODUCTION AND SPONSORSHIP ACTIVITIES. GRANT PROGRAMS INCLUDE ART PROJECTS, ART LEGACY PROJECTS, ART LEGACY PROJECT PLANNING, CULTURAL BANK, ARTS ORGANIZATION START-UP, OPERATING SUPPORT, ARTS ORGANIZATION DEVELOPMENT/EQUIPMENT & FACILITIES IMPROVEMENT, ARTS IN THE SCHOOLS, ARTS STUDY OPPORTUNITY FOR YOUTH, INDIVIDUAL ARTIST (DEVELOPING),	
4b (Code ) (Expenses \$ 10,620 including grants of \$ ) (Revenue \$ ART GALLERY—	
AN ART GALLERY IN THE SMAC OFFICE SPACE PROVIDES AN OPPORTUNITY FOR REGIONAL ARTISTS TO HAVE A SOLO EXHIBIT IN AN ACCESSIBLE SPACE. SIX REGIONAL VISUAL ARTISTS HAD THEIR WORK EXHIBITED IN THE GALLERY IN FISCAL YEAR 2014. OVER 500 PEOPLE VIEWED THE EXHIBITS. IT WAS NOT POSSIBLE TO ACCURATELY COUNT ALL WHO ATTENDED. EXHIBITS ARE ADVERTISED VIA PRESS RELEASES, EMAIL, FACEBOOK, OUR NEWSLETTER AND THE SMAC WEBPAGE. ARTWORK BY 24 ADDITIONAL REGIONAL ARTISTS IS ON DISPLAY IN THE MEETING ROOM, OFFICES AND HALLWAY OF THE OFFICE. TEN REGIONAL MUSICIANS PERFORMED DURING THE EXHIBIT RECEPTIONS.	
4c (Code ) (Expenses \$ 56,680 including grants of \$ ) (Revenue \$ TECHNICAL ASSISTANCE—SERVICES PROVIDED BY SMAC TO SW MINNESOTA ARE INFORMATION AND REFERRAL SERVICES TO PROMOTE THE GROWTH AND DEVELOPMENT OF ARTISTS, STAFF AND VOLUNTEER ASSISTANCE FOR THE ORGANIZATIONAL AND LEADERSHIP DEVELOPMENT OF LOCAL ARTS GROUPS AND PRESENTATION OF TECHNICAL ASSISTANCE AND NETWORKING CONFERENCES FOR ARTISTS, CULTURAL ORGANIZATIONS AND SCHOOLS. INFORMATION PROVIDED VIA TELEPHONE NUMBER, EMAIL, MAIL, WEBSITE, FACEBOOK, AND IN PERSON CONTACT. SMAC STAFF TRAVELS THROUGHOUT THE REGION TO MEET WITH CONSTITUENTS ON REQUEST. SMAC STAFF ALSO WORKS WITH STATEWIDE ARTS ORGANIZATIONS TO COORDINATE WORKSHOPS AND MEETINGS WITHIN THE SMAC REGION THAT WILL BENEFIT SMAC PEGION PESIDENTS. THE NEWSLETTER VOLCES WAS	)

Form **990** (2013)

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O )

20,769 including grants of \$
ses ► 695,453

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete 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		X
2a	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		·	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

### Part IV Checklist of Required Schedules (continued)

	art iv Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.55	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	1		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-	1	
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	l	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		]
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ŀ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	1
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	l	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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, Parts II, III,			
	or iV, and Part V, line 1	34	<u>.                                    </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		}	
	Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

1s Enter the number of Porms W-150 Cancidated in the size Enter -0-4 and applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gamhaing) winnings to proze winner?  2s Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Streements, fleed for the calendar year ending with or within the year covered by this return  I rail leads not is exported on line 2.8 did the organization file all requested didarsal employment tax returns?  Note. If the sum of lines 1s and 2s is greated than 250, you may be required to e-file (see instructions)  3 bid the organization have unreliand business gross one of \$1.000 or more during the year?  3 A lory file register than 250, you may be required to e-file (see instructions)  3 bid the organization have unreliand business gross one of \$1.000 or more during the year?  3 A lory file register than 250, you may be required to e-file (see instructions)  3 bid the organization have unreliand business gross one of \$1.000 or more during the year?  3 bid the organization have a content to the special of the complete than 250, you may be required to e-file (see instructions)  3 bid the content of the foreign country the special organization in the special of the special organization organization have a minetal to, or a special rest up or a special part or other authority over, a financial accountry over, a financial content to the special organization and party to a prohibeted tax sheller transaction?  5 bid with the grassition and party to a prohibeted tax sheller transaction?  5 cill files to line 3a or 5b, did the organization file Form 8886-17  6 bid the organization makes and the special party or a prohibeted tax sheller transaction?  6 bid organization shell and year and the special party or a prohibeted tax sheller transaction?  7 cryanizations that may receive deductible to contributions under section 170(c).  7 cryanizations that may receive deductible to a file organization and part	Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
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b. Enter the number of Ferms W-2G included in line 1s. Enter -0-1 for applicable.  Del the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (garnibang) wernings to price without 2.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by their return.  Slatements, filed for the calendar year ending with or within the year covered by the return.  Note: If the sum of filese 1 and 15, a greater than 250, you may be required to -file (see instructions)  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization cale the did gradient of the displayment of the displayment of the properties of the properties of the displayment of the display		5		Yes	No
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reportable gamming (gammbing) winnings to prize winners?  Enter the number of employees reported on Fore W-3. Fransmittel of Wage and Tax  Sistements, filed for the calendar year ending with or within the year covered by this return.  If all load one is reported on line 2.3, did the organization file all required (devil employment tax returns?)  Wote. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  If Y'es, it has if filed a Form 980-17 for this year? If "M* to file no. 3b, produce an explanation in Schedule O  3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year?  3b If Yes, it has if filed a Form 980-17 for this year? If "M* to file no. 3b, produce an explanation in Schedule O  3b If Yes, it has if filed a Form 980-17 for this year?  5c If "Tes, enter the name of the foreign country (year has a bank account, securities account, or other financial accounts account)?  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the name of the foreign country.  5c If Yes, enter the community does account the three three three three contributions of quite were not tax deductible as charitable contributions?  5c If Yes, enter the community of th					İ
2a Effect the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  I all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Ab I was a state of the s	С		1	}	1
Statements, filed for the calendar year ending with or within the year covered by this return 2 a 4  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  30 Did the organization have unrelated business gress income of \$1,000 or more during the year?  31 A 1 Any time during the calendar year, did the organization of \$1,000 or more during the year?  32 A 1 Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country to the financial account in a foreign country to the state of the organization and any time during the tax year?  5 B 1 1'Yes, "enter the name of the foreign country to the financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5 Was the organization and a promised tax sheller transaction at any time during the tax year?  5 Did any tixable party notify the organization file Foreign 8886-17?  5 Did any tixable party notify the organization file Foreign 8886-17?  5 Did any tixable party notify the organization file Foreign 8886-17?  5 Did the organization account and the organization solid any contributions file Foreign 8886-17?  5 Did the organization account and the was or sa party to a prohibited tax shelter transaction?  5 Did the organization account and the was or sa party to a prohibited tax shelter transaction?  6 Did the organization have annual gross recorpts that are normally greater than \$10,000, and did the organization solid any contributions the foreign statement that such contributions?  6 Did the organization have annual gross recorpts that are normally greater than \$10,000, and the organization solid any contributions that were not tax deductible as char	-		16	├-	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross moron of \$1,000 or more during the year?  3a Did the organization for this year? If No <sup>2</sup> to line 3b, provide an explanation in Schedule O  3b If Yes, *has it filed a Form 990-T for this year? If No <sup>2</sup> to line 3b, provide an explanation in Schedule O  3b At any time during the calendary year, did the organization the value of the subject over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country for the subject of the	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	<b>h</b>	and the trie delication of the delication of the second of	┤╻	v	ļ
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 'has it filled a Form 990-ff for this year? If Yes' to line 3b, provide an explanation in Schedule O  4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4b If Yes, 'renter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5c If Yes' to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction?  6b Did any taxable party norty the organization that was or is a party to a prohibited tax shelter transaction?  6c If Yes' to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solical any controllutions that were not tax deductibles?  6c If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  6c Dot the organizations that may receive deductible contributions under section 170(c).  7c Organizations that may receive deductible contributions under section 170(c).  8c Dot the organization state, exchange, or otherwise dispose of tangothe personal procepty for which it was required to the payor?  7d If Yes,' did the organization motify the donor of the value of the gods or services provided?  7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes,' did the organization motify the donor of the value of the gods or services provided?  8 Johnson organization received a contribution of a willing intellectual property, did the organization file a For	D		120	<u>^</u>	_
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4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunites account, or other financial account?)  b If 'Yes,' reinter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions of the grantial filing for the see in		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del>-</del>
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account)?  b If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that that was or is a party to a prohibited tax shelter transaction?  59 Did any taxable party notify the organization that that was or is a party to a prohibited tax shelter transaction?  50 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt are not tax deductable as charitable contributions?  60 Des the organization shelt are not tax deductable as charitable contributions?  61 P'es," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  62 Did the organization shelt may receive deductable contributions under section 170(c).  63 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  64 Did the organization shelt are all the donor of the value of the goods or services provided?  75 Did the organization organization shelt with donor of the value of the goods or services provided?  76 Did the organization received a contribution of qualitied intellectual property, did the organization received an contribution of qualitied intellectual property, did the organization received an contribution of qualitied intellectual property, did the organization file a Form 1098-C?  77 Sponsoring organization cereved a contribution of cars, boats, arripanes, or other vehicles, did the organization file a Form 1098-C?  78 Sponsoring organization make any taxable distributions and an section 509(3)(3) supporting organizations. Did the sup	40		-		
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the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b	b				
c Enter the amount of reserves on hand	_				
<del></del>	С		7		
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1		

41-6168522 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Own website |X| Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the GRETA MURRAY 114 N. 3RD ST., PO BOX 55 organization > 507-537-1471 MARSHALL MN 56258

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

[X] Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	of	ox, uni ficer a	Pos check ess pe	erson i	than or is both or/truste	an e)	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
•	rious for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOHN WHITE										
_	1.00									_
DIRECTOR (2) JANE LINK	0.00	X				┤		0	0	0
(2) DANE LINK	1.00									
DIRECTOR	0.00	x						o	0	О
(3) MARILEE STROM	0.00	1		-		H				0
(0,1333333	1.00						:		'	
DIRECTOR	0.00	$ \mathbf{x} $						0	0:	o
(4) JOYCE MEYER						i				
	1.00									
DIRECTOR	0.00	X						0	0	0
(5) SUSAN MARCO						П				
	1.00	Ì								
DIRECTOR	0.00	X						0	0	0
(6) KELLY MULDOON		1								
	1.00									
DIRECTOR	0.00	X	ļ.,.					0	0	0
(7) DAN WAHL	1.00									
DIRECTOR	0.00	x								•
(8) TOM WIRT	0.00	^	-	_	_	<del>  </del>		0	0	0
(6) TOM WINI	1.00									
DIRECTOR	0.00	x						0	o	0
(9) SYDNEY MASSEE		1								
(-,	1.00									
DIRECTOR	0.00	X					ı	0	0	0
(10) KATE AYDIN										
	1.00									
DIRECTOR	0.00	$ \mathbf{x} $						o	o	0
(11) KATHY FRANSEN										<u>-</u>
	1.00									
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers	, Directors, Tru	Stee	s, ne	3y E	mpic	yee	s, an	id Highest Compensated	Employees (continued)	<del></del>			
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from I organiz and rel organiza	ation ated	
(12) JANET OLNEY	1.00												
PRESIDENT ELECT	0.00	X	ļ	<u> </u>	<u> </u>	<u>L</u> _		0	0				
(13) PAULA NEMES	1 00	1			1	}				1			
TREASURER	1.00			x	1	l	1	o	0				
(14) ELLEN COPPERUD	0.00	+	<del>                                     </del>	-	$\vdash$	$\vdash$	<del>                                     </del>	<del>-</del>		<del>                                     </del>			
(1.4)	1.00		l		1					İ			
PAST PRESIDENT	0.00	<u> </u>		X	L	<u> </u>	<u> </u>	0	0	<u> </u>			(
(15) CINDY REVERTS	1 00					'	1			1			
DDE CTDENIII	1.00	}	1	v	Í	}	•		•	1			
PRESIDENT (16)	0.00	+	-	X	-	-	├─	0	0	<del> </del>			
(10)										<u> </u>			
(17)					-								
(18)		-	-	-		-				<u> </u>			
(10)													
(19)													
1b Sub-total	4-4-5-4-4			L	1		<b>•</b>						
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ectic	on A										
Total number of individuals (increportable compensation from			to th	ose	listed	abo	ve)	who received more than \$10	00,000 ın				
3 Did the organization list any for	mer officer dire	ctor	or tri	istee	ke	v emi	nlove	e or highest compensated		Γ	- $+$	Yes	No
employee on line 1a? If "Yes,"	complete Schedu	ıle J 1	for s	uch i	ndıvi	dual	-	-		L	3_		X
4 For any individual listed on line organization and related organi									n the	ł			
individual  5 Did any person listed on line 1a	receive or acco	IE CO	mne	nesti	on fr	nm s	anv i	inrelated organization or ind	widual		4		X
for services rendered to the org											5		x
Section B. Independent Contractor  1 Complete this table for your five			d unc	long	ndon	t con	trac	tore that recoved more than	\$100,000 of				
compensation from the organiz	ation Report cor	npen	satio	n foi	r the	cale	ndar	year ending with or within t	he organization's tax year				
Name and	(A) business address							Descript	(B) ion of services	j	Co	(C) mpensa	tion
	<del></del>						-						
							<u> </u>						
2. Total number of independent in	antractors ()	<del></del>				10 #		listed shows \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				_	
2 Total number of independent or received more than \$100,000 or								iisted above) who	n	ļ			

Part VIII Statement of Revenue

Charles Cabandala C	contains a response or note t	a amilima in thia Dart VIII
Check if Schedule C	) contains a response of note t	o anv line in this Part VIII
Q		· · · · · · · · · · · · · · · · · · ·

		Check ii Schedu	0 001		esponse (	or note to any line  (A)  Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function	business revenue	excluded from tax under sections
		<del></del>		<del></del>			revenue	<del></del>	512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	1a					Į	
E D		Membership dues	1b		23,929			ļ	
Arr.	C	Fundraising events	1c		165			]	j
ar	d	Related organizations	1d					į.	İ
ğΞ	е	Government grants (contributions)	1e		658,792		į		İ
Sign	f	All other contributions, gifts, grants,							
		and similar amounts not included above	e 1 <u>f</u>	]	90,000			1	
풀잉	g	Noncash contributions included in lines	 : 1a-1f	\$					
a S	h	Total. Add lines 1a-1f			•	772,886		ł	
					Busn. Code				
ē	2a								
Se l	b								
<u>.</u> 2	c								
ē	d								
S E	_							<del> </del>	
Program Service Revenue	ŧ	All other program service re	venue		<u> </u>				
8		Total. Add lines 2a-2f	• Gride					<u> </u>	<u> </u>
-		Investment income (includir	na divident	de interest			<del></del>	<u> </u>	
l	-	and other similar amounts)	ig divident	23, III(C) C3	`` <u> </u>	4,824			4,824
	4	Income from investment of	av avama	t bond pro	coods			<del> </del>	1,024
ľ	4		ax-exemp	n bono pro	iceeus -	<del></del>	<del></del>	<del> </del>	<del> </del>
1	5	Royalties (i) Re		(1) 0	Personal	— <del>— — </del>		<del> </del>	<del> </del>
ļ	٥-		aı .	(11) P	ersunar				ł
l		Gross rents					,		
ĺ	р	Less rental exps		ļ				}	
ł	C	Rental inc or (loss)		L					
I		Net rental income or (loss) Gross amount from		<del></del>		<del></del>	<del> </del>		
- 1		sales of assets (i) Secur	ities	(11)	Other			3. 19 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
J		other than inventory		<del> </del>			<b>等等。引展的"有关"。</b>		
	b	Less cost or other		}		1、1、1000年			)
}		basis & sales exps		<u> </u>			(1) 1 (1) 1		
- 1		Gain or (loss)		L		一選 という 記録を選べ	the state of the state of	The second	
l	d	Net gain or (loss)	1			<del></del>			
9	8a	Gross income from fundraising 6						, · , ·	
ᇍ		(not including \$	165				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	′	
8		of contributions reported on line	1c)			· "我是一个一个	347		
<u>ا ج</u>		See Part IV, line 18	a		3,500	11 14 11			
Other Reven	b	Less direct expenses	b					* /	
0	C	Net income or (loss) from fu	ndraising	events	<b>•</b>	3,500			
{		Gross income from gaming activ					(1)		
ļ		See Part IV, line 19	a		[				
j	b	Less direct expenses	ь			2			
1		Net income or (loss) from ga	amıng actı	vities	<b>&gt;</b>	-			
1		Gross sales of inventory, les	- 1						
		returns and allowances	a		ļ				
- {	b	Less: cost of goods sold	ь						
j		Net income or (loss) from sa	- (	entorv	▶				
ľ	<u>`</u>	Miscellaneous Reven			Busn. Code	<del></del>		<del></del>	
f	11a	MISCELLANEOUS/EXPEN		В.		2,856	2,856		
	b	EQUIPMENT PURCHASE				1,145	1,145		<del>-</del>
ł		SACTEMENT SAWCHWOF	- remot b	•			1,143		<del></del>
]	G	All other revenue			<del> </del>	<del></del>	<del></del>		<del> </del>
{				,	<b></b>	4,001			
		Total Add lines 11a-11d				785,211	4,001	0	4,824
	12	Total revenue. See instruct	10115			,03,211	4,001	<u></u>	Form <b>990</b> (2013)

Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 373,888 373,888 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 75,734 75,734 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 152,906 130,333 19,931 2,642 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,159 8,571 249 1,339 32,380 27,319 4,269 792 Other employee benefits 9 11,335 277 9,564 1,494 10 Payroll taxes 11 Fees for services (non-employees) Management b Legal Accounting С Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 771 869 84 14 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 17,316 15,758 1,362 196 16 Occupancy 18,527 15,536 2,991 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 2,688 688 22 Depreciation, depletion, and amortization ,442 ,217 190 35 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If . line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 18,815 17,753 996 PURCHASED SERVICES 66 а SUPPLIES 7,520 5,465 1,477 578 b PRINTING/DUPLICATING 5,635 5,231 329 75 C 3,076 2,499 **217** POSTAGE 360 6,304 5,814 326 164 All other expenses е 738,594 695,453 37,693 5.448 Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2013) Part X Balance Sheet

	ait A	Check if Schedule O contains a response or note	to any line in this Part X			
		Sheak if Contended Contains a response of note	to driy me mano nure x	(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		13,973	1	11,536
	2	Savings and temporary cash investments		595,164	2	571,940
	3	Pledges and grants receivable, net		333,104	3	371,340
	4	Accounts receivable, net		7,596	4	2,702
	5	Loans and other receivables from current and former of	licare directors	1,330	-	2,102
	້	trustees, key employees, and highest compensated em				
		Complete Part II of Schedule L	pioyees		5	
	6	Loans and other receivables from other disqualified personal	sons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B),			l	
		sponsoring organizations of section 501(c)(9) voluntary	- · ·			
<b>,</b> 0		organizations (see instructions) Complete Part II of Sch	• •		6	
Assets	7	Notes and loans receivable, net	ledule L		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,317	9	7,977
	i	Land, buildings, and equipment cost or	1 1	13,317	3	1,511
	'0"	other basis Complete Part VI of Schedule D	10a 32,599			
	<sub>h</sub>	Less accumulated depreciation	10b 25,925	8,217	10c	6,674
	11	Investments—publicly traded securities	[100] 20/320	0,221	11	<u> </u>
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	638,267	16	600,829
	17	Accounts payable and accrued expenses	···	10,119	17	20,060
	18	Grants payable	236,307	18	128,898	
	19	Deferred revenue	25	19	12,878	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV o	f Schedule D	,	21	<del></del>
rn.	22	Loans and other payables to current and former officers				
Liabilities		trustees, key employees, highest compensated employe		·		
Ē	ŀ	disqualified persons Complete Part II of Schedule L		1	22	
Ë	23	Secured mortgages and notes payable to unrelated third	l parties		23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables t				<del></del>
		parties, and other liabilities not included on lines 17-24)				
		of Schedule D	•		25	
	26	Total liabilities. Add lines 17 through 25		246,451	26	161,836
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.				
ñ.	27	Unrestricted net assets		391,816	27	438,993
3ak	28	Temporarily restricted net assets			28	
٦	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC 95	B), check here ▶ iii and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
4ss	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, o			32	
Z	33	Total net assets or fund balances		391,816	33	438,993
	34	Total liabilities and net assets/fund balances		638,267	34	600,829

orm	990 (2013) SOUTHWEST MINNESOTA ARTS COUNCIL 41-6168522			Pa	ge 12
Pa	irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	85,	211
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	38,	594
3	Revenue less expenses Subtract line 2 from line 1	3		46,	617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	91,	816
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		560
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	38,	993
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				
	reviewed on a separate basis, consolidated basis, or both.		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		İ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits		36	- 1	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWEST MINNESOTA ARTS COUNCIL

Employer identification number 41 – 61 68 522

			POOLUMEDI WIT	MINDOIN MILD CO	OHCIL				1.31	010	0322		
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt ) Se	e instr	uctions	s		
The	огаа		···	it is (For lines 1 through 11, che									
1				ciation of churches described in	_		Δ\/i\						
2	H	•	•		3000011	. 0(15)(1)(	٠٠,(١)٠						
	H		cribed in section 170(b)(1)(A		470/5	/4\/A\/:::							
3	Щ	-	·	e organization described in secti	-								
4	Ш	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section '	170(b)(1	)(A)(iii).	Enter ti	ne hospi	ital's name,		
		city, and state	•										
5		An organizate	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	้เท			
		section 170(	b)(1)(A)(iv). (Complete Part	II )									
6		A federal, sta	te, or local government or go	vernmental unit described in sec	ction 170(	b)(1)(A)(v	<b>/</b> ).						
7	X		•	ubstantial part of its support from			•	n the ae	neral pu	ıblıc			
-		=	section 170(b)(1)(A)(vi). (Co					<b>J</b> -					
Ω	$\Box$			70(b)(1)(A)(vi). (Complete Part II	: \								
9		•		more than 33 1/3% of its suppo		atributions	momb	archin fa	oe and	aross			
9		-											
				ot functions—subject to certain e						IIS			
		• •	-	d unrelated business taxable inco	•		i i tax) ii	om busi	nesses				
			•	, 1975 See section 509(a)(2). (									
10		•	• .	xclusively to test for public safety		•							
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations descnbed in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) S	See <b>se</b> c	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h				
		a Type	I b Type II	c Type III–Functions	ally integra	ted	đ	Тур	e III-No	n-function	onally integrat	ed	
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	dısqualı	fied per	sons			
		other than for	indation managers and other	than one or more publicly suppo	orted organ	nizations (	describe	d in sect	ion 509	(a)(1)			
		or section 509	9(a)(2)										
f				mination from the IRS that it is a	Type I, Ty	pe II. or T	vpe III s	upportin	q				
•		•	check this box		,, ,	• •		• •	•				
~		-		on accepted any gift or contributi	on from a	ny of the							
g				on accepted any girt of continue	011 110111 121	iy or the							
		following per			4h		. ۱۰۰ س اس						T
			•	ntrols, either alone or together wi	un persons	describe	:a in (ii) i	anu			[ <del>.</del>	Yes	No
		, ,	v, the governing body of the s	•••							11g(i)	—	-
			member of a person describe								11g(ii)	<del> </del>	<u> </u>
		(iii) A 35% o	ontrolled entity of a person de	escnbed in (i) or (ii) above?							11g(iii)	<u> </u>	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)					,				
(	) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify	1	ls the	(vii) Amount	of monet	ary
	org	ganization		(described on lines 1–9	1 ''	sted in your		nization in of your	organizat	on in col	supp	ort	
				above or IRC section (see instructions))	governing	document?		port?		S?			
				(	Yes	No	Yes	No	Yes	No			
(A)													
,										į			
(B)				··· ·— ·— ·					1				
(0)										]			
									-				
(C)									1	i I			
		<del></del>			1				ļ				
(D)					}								
					ļ <u>.</u>		<u> </u>						
(E)									1	]			
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Tota	ı						1		Ì				
			<del></del>	<del></del>			-		*				

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	711,771	708,404	650,229	762,499	772,886	3,605,789
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					}	
3	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
4	Total. Add lines 1 through 3	711,771	708,404	650,229	762,499	772,886	3,605,789
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						3,605,789
	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	711,771	708,404	650,229	762,499	772,886	3,605,789
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5,533	3,776	4,824	14,133
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	19. (25.12) \$ . 4 E	م رين المساور في الم				3,619,922
12	Gross receipts from related activities, etc. (	see instructions)				12	7,501
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3	3)	
	organization, check this box and stop here						<b>▶</b>
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2013 (line 6,	column (f) divided t	by line 11, column (f	7))		14	99.61%
15	Public support percentage from 2012 Scheo					15	99.71%
16a	33 1/3% support test—2013. If the organiz	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	
	box and stop here. The organization qualifi						<b>▶</b> [X
þ	33 1/3% support test—2012. If the organize			•	33 1/3% or more,		
	check this box and stop here. The organiza	•		•			▶ _
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac organization						▶ [
b	10%-facts-and-circumstances test—201	-			•	ne	
	15 is 10% or more, and if the organization in				•		
	Explain in Part IV how the organization mee	ets the "facts-and-ci	rcumstances" test	The organization q	ualifies as a publicly	y	
	supported organization						▶ [_
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		. –
	instructions						▶ }_

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support	quality under the	ne tests listed t	below, please c	ompiete Fait ii	<i>)</i>	
_	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2005	(5) 2010	(0) 2011	(4) 2012	(e) 2013	(I) Fotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>		
	tion B. Total Support				<del></del>	·	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						- · · · · · ·
	and 12)	L	l	l	l	ll	
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su		tage		<del></del>		
15	Public support percentage for 2013 (line 8,			(f))		15	%
16	Public support percentage from 2012 Schei		•	(**)		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lin			olumn (f))		17	%
18	Investment income percentage from 2012 S		-			18	%
19a	33 1/3% support tests—2013. If the organ	iization did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization qua	alifies as a publicly	supported organiza	ation	▶ [
b	33 1/3% support tests—2012. If the organ						,
20	line 18 is not more than 33 1/3%, check this		-	•	, ,,		
20	Private terregation if the ereceived did	not chack a how or	1 line 14 10~ ~~ 40	in chack this have a	nd con inclaining		

Schedule A (Form 990 or 990-EZ) 2013 SOUTHWEST MINNESOTA ARTS COUNCIL

41-6168522

Page 4

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

		<del>,</del>								<del> </del>			
* * *	-												
			Am	5 72, 929 13, 883	644,909	165 \$ 772,886		Amount	\$ 4,824		Amount	\$ 2,856 1,145 3,500 8 7,501	
	nts	e 1(e)					e 8(e)			le 12			
	⊩ ederal Stateme	Schedule A, Part II, Line 1(e)					Schedule A, Part II, Line 8(e)			Schedule A, Part II, Line 12			
	OTA ARTS COUNC <b>F</b> (	Sch	ription				Sch	Description		S	Description		
	SWMAHC SOUTHWEST MINNESOTA ARTS COUNCIL 41-6168522 FYE: 6/30/2014								Total			MISCELLANEOUS/EXPENSE REIMB. EQUIPMENT PURCHASE TRANSFER ANNUAL MEETING Total	
	SWM/ 41-61( FYE: (											MISCE EQUIP ANNUA	

### **SCHEDULE D** (Form 990)

Internal Revenue Service Name of the organization

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

s	OUTHWEST MINNESOTA ARTS COUNCIL		41-6	168522
	art I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Ac		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6		
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year		_	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu-	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	ort II Conservation Easements.	5 000 B 18/1 7		
	Complete if the organization answered "Yes" to			
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor		i area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservatio	n	<del>"                                    </del>
	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	
С	Number of conservation easements on a certified historic structure inclu-	` '	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a		
_	historic structure listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ext	linguished, or terminated by the organization di	uring the	1
	tax year >			
4	Number of states where property subject to conservation easement is k			
5	Does the organization have a written policy regarding the periodic monit	toring, inspection, handling of		□ v □ v
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	onservation easements during the year		
•	s thought of expenses meaned in mornioning, inspecting, and emorning of	onservation casements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement, and	i	
	balance sheet, and include, if applicable, the text of the footnote to the c	•		
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art,		nilar A	ssets.
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and balanc	e sheet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherance	e of	
	public service, provide, in Part XIII, the text of the footnote to its financial	Il statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance st	neet	
	works of art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furtherance	e of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or or	other similar assets for financial gain, provide t	he	
	following amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	•

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,775	2,735	5,040
e Other		24,824	23,190	1,634
Total. Add lines 1a through 1e (Column (d) me	ust equal Form 990, Part X, colum	n (B), line 10(c) )	<b>&gt;</b>	6,674

	orm 990) 2013 SOUTHWEST MINNESOTA	ARTS COUNCIL	41-6168522	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to			ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market va	ilue
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				<u> </u>
(A)				
(B)				
(C)				·
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990 Part IV line	e 11c. See Form 990. Part X. lin	e 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) occompanion of wivestment	(5) 2001. Value	Cost or end-of-year market va	ilue
(1)		· · · · · · · · · · · · · · · · · · ·		,
	·-···		<del> </del>	<u> </u>
(2)				
(3)				
(4)				
(5) (C)				
(6)				
(7)				
(8)			<del>-  </del>	
(9)	- (h) much could form 000 Post V and (P) has 42 \ \		<del>                                     </del>	
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) ►  Other Assets.		- 444 O F 000 B-4 V F-	- 45
	Complete if the organization answered "Yes" to	rom 990, Part IV, iin		D) Book value
(1)	(2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
(2)	· · · · · · · · · · · · · · · · · · ·			<del></del>
(3)				<del></del>
(4)	<del></del>			
(5)		<del></del>		
(6)	<del></del>			<del></del>
(7)				
(8)	<del>_</del>			
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.	******		
rait X	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11e or 11f. See Form 990, Pa	rt X,
	line 25		<del></del>	
<u>1.                                    </u>	(a) Description of liability	(b) Book value	$\dashv$	
	income taxes		-	•
(2)			-	
(3)		_	4	
(4)			-	
(5)			4	
(6)			4	
(7)			_	
(8)			_	
(9)			_	
Total (Column	n (b) must equal Form 990. Part X, col. (B) line 25.) ▶	1	1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

<u>Sche</u>	dule D (Form 990) 2013 SOUTHWEST MINNESOTA ARTS (	COUNCIL	41-6168522	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue per Return.	
_	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 12a	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	·	1	785,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	560	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	560
3	Subtract line 2e from line 1		3	785,211
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			**
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	785,211
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Ex	penses per Return.	
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	738,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	738,594
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		
c	Add lines 4a and 4h		4c	

Part XIII Supplemental Information

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5

738,594

Schedule D (Form 990) 2013 SOUTHWEST MINNESOTA ARTS COUNCIL

41-6168522

Page 5

Part XIII Supplemental Information (continued)

<b>*</b>		
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≥.		

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public 2013 Inspection

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Employer Identification number 41-6168522

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and SOUTHWEST MINNESOTA ARTS COUNCIL General Information on Grants and Assistance

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

the selection criteria used to award the grants or assistance?

Fair IV, IIIIE 21, Ior any recipient mat received more than \$5,000. Part II can be duplicated if additional space is needed	received more	than \$5,0	00. Part II can be o	Juplicated if additi	onal space is n	needed.	
1 (a) Name and address of organization or covernment	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,		(h) Purpose of grant
		if applicable	grant	٦	other)	non-cash assistance	or assistance
(1) APPLETON 52 WING RESTORATION COMMIN	뜹						
140 N BORDSON ST	_						ART PROTE SM EDITTE
APPLETON MN 56028	11-3742736	m	5,200				
(2) BIG STONE ARTS COUNCIL							
61 DAHLE ST							Cad Hat GITTON & VEC
ORTONVILLE MN 56278	41-1907453	m	8,209				
(3) BLUE MOUND AREA THEATRE							
1003 CAROL ST			_				TODE HER CHANGE
LUVERNE MN 56156	41-1372640	m	18,182				
(4) CITY OF NEW LONDON							
PO BOX 252							ARTS ORG DRV & ROTE
NEW LONDON MN 56273	41-6005408	GOV	6,189				
(5) CROW RIVER PLAYERS							
17301 COUNTY ROAD 9 NE							ORG DEVERO PROT. OP
NEW LONDON MN 56273	41-1927142	m	27,171				
(6) CULTURAL AWARENESS ORGANIZATION							
13577 NYSTROM AVE							ACAGA: HOMEORA HAA
FULDA MN 56131	20-1285056	m	10,000			-	
(7) DAWSON BOYD ARTS ASSOCIATION							
PO BOX 626							THE DAY . THEOLOGIES AND
DAWSON MN 56232	41-2000934	m	9.456				
(8) FRIENDS OF THE ORCHESTRA							
2264 190TH AVE							EDECTEDED
LYND MN 56157	41-1799954	m	17,610			-	1)
(9) GRANITE AREA ARTS COUNCIL							
1071 BERGESON DR							TOGG ON MS GOILS GO
GRANITE FALLS MN 56241	30-0564224	3	10,302				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30-0564224 3

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

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

Schedule I (Form 990) (2013)

SWMAHC

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2013

Open to Public

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 ▶ Attach to Form 990.

**&** SM EQ ORG DEV ORG DEV&EQ; PROJ; OP SUPP ART PROJECT LEGACY OPERATING SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, OP (h) Purpose of grant & EQUIP PROJ; OP SUPP; or assistance Employer identification number SM EQ; ART PROJECT; Yes ART PROJECT ART PROJECT 41-6168522 ORG DEV PROJ; non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 506 ,452 30,783 11,382 21,219 ,264 17,927 23,164 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash œ ω grant (c) IRC section if applicable COUNCIL 41-6002222 GOV 26-2263988 3 ന m ო 41-6084181 41-1736692 41-1881519 41-1687711 41-1658646 41-1294389 41-1640340 General Information on Grants and Assistance (b) EIN SOUTHWEST MINNESOTA ARTS the selection criteria used to award the grants or assistance? S (3) LAC QUI PARLE COUNTY HISTORICAL (5) MARSHALL AREA FINE ARTS COUNCIL (1) HUTCHINSON CENTER FOR THE ARTS (2) HUTCHINSON PARK, REC, COMM. ED MN 56149 56258 56258 MN 55350 MN 55350 56232 MN 56201 MN 56232 MN 56201 (a) Name and address of organization SH. ARTS SCHOOL (9) WILLMAR COMMUNITY THEATRE (8) WILLMAR AREA ARTS COUNCIL P.O. BOX 531, 107 N 3RD (4) LAKE BENTON OPERA HOUSE (7) PRAIRIE DANCE ALLIANCE 900 HARRINGTON ST SW or government 1225 PATRICIA COURT 414 S FREMONT ST ST.S.W. 15 FRANKLIN ST (6) MILAN VILLAGE 3424 240TH ST 270 150TH ST P.O BOX 165 LAKE BENTON Name of the organization HUTCHINSON HUTCHINSON 314 4TH MARSHALL MARSHALL WILLMAR WILLMAR DAWSON DAWSON Part II Part

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

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

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

Schedule I (Form 990) (2013)

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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public 2013

Inspection

(10111 330)	Governments, and Individuals in the United States  Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	
Department of the Treasury Internal Revenue Service	► Attach to Form 990.  ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open 1
Name of the organization	Employ and Athreson Minneson Andrew Country and Countr	Employer identification number
Part   General	stance	7700010-1

1 Doe the Des	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the amount of the gince?	rants or assignants	nts or assistance, the grantees' ant funds in the United States	eligibility for the grant	s or assistance, an	T)	Yes No
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	overnments an	d Organi than \$5,00	zations in the Un	ited States. Con Juplicated if addit	oplete if the orgational space is n	inization answe	Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is needed.
-	(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
(1) WORTH 1209	(1) WORTHINGTON OKABENA WINDSURFERS 1209 SMITH AVE							ART PROJECT LEGACY
WORTH	WORTHINGTON MN 56187	01-0747599	3	18,200	·			
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)		:						
2 Ent	Enter total number of section 501(c)(3) and government organizations listed. Enter total number of other organizations listed in the line 1 table.	corganizations listed	d in the line 1 table	1 table				<b>A A</b>

Schedule I (Form 990) (2013)

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

Page 2 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.

I alt III cail be adplicated il additioliai space is lieeded	Uliai space is liceded.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 INDIVIDUAL ARTIST CAREER	თ	43.500			
2 IND. ARTIST DEVELOPMENT	ω	11.924			
5	2	810			
4 LEGACY	2	14,000			
5 PRAIRIE DISCIPLE	н	500			
6 RURAL ARTS & CULTURE					
7 PRAIRIE STAR	П	5,000			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation

- Procedures for Monitoring the Use of Grant Funds Part I, Line 2

TAXPAYER HAS A FORMAL GRANT APPLICATION PROCESS. APPLICATIONS ARE REVIEWED

BY THE GOVERNING BOARD. APPROVAL IS MADE AT THE BOARD LEVEL. THE RECIPIENT

FILES REPORTS TO THE ORGANIZATION ON THE PROJECT HELD.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

SOUTHWEST MINNESOTA ARTS COUNCIL

Form 990, Part III, Line 4a - First Accomplishment

41-6168522

INDIVIDUAL ARTIST (ESTABLISHED CAREER), LEGACY PROJECT FOR CAREER ARTISTS, RURAL ARTS & CULTURE SUMMIT SCHOLARSHIPS, BOARD INITIATED PROJECTS AND PRAIRIE DISCIPLE AWARD. A TOTAL OF 133,129 PEOPLE SERVED INCLUDES 39,116 YOUTH AND 2,865 ARTISTS THROUGH 114 GRANTS AWARDED TO NONPROFIT ORGANIZATIONS, UNITS OF GOVERNMENT (CITIES, SCHOOLS) AND ARTISTS.

Form 990, Part III, Line 4c - Third Accomplishment PUBLISHED TEN TIMES IN FY14 AND CONTAINS FEATURE ARTICLES, CALENDAR EVENTS AND ANNOUNCEMENTS TO READERS. IT CONTAINS NO ADVERTISEMENTS. DURING THE FISCAL YEAR VOICES WAS MAILED TO APPROXIMATELY 500 PEOPLE PER ISSUE. VOICES WAS SENT VIA EMAIL TO APPROXIMATELY 1400 PEOPLE PER ISSUE AND IS POSTED ON THE SMAC WEBSITE.

Form 990, Part III, Line 4d - All Other Accomplishment CONFERENCE/WORKSHOPS-

SMAC ALSO GIVES ASSISTANCE TO ARTISTS, ARTS ORGANIZATIONS AND EDUCATORS BY PROVIDING TECHNICAL ASSISTANCE, INFORMATION AND NETWORKING OPPORTUNITIES IN CONFERENCE OR WORKSHOP SETTINGS TO THE SW MINNESOTA AREA. IN FISCAL YEAR 2014, 25 ARTS ORGANIZATION REPRESENTATIVES REGISTERED/10 ATTENDED (DUE TO A BLIZZARD) A CULTURAL DATA PROJECT WORKSHOP IN MARSHALL, 36 PEOPLE FROM 9 ARTS ORGANIZATIONS ATTENDED A NONPOFITS ASSISTANCE FUND WORKSHOP ON "FINANCIAL ASSESSMENT & PLANNING FOR ARTS ORGANIZATIONS" IN MARSHALL, AND 42 ARTISTS ATTENDED AN ARTIST RETREAT AT DANEBOD FOLK SCHOOL IN TYLER. TWENTY GRANT WRITING WORKSHOPS HELD IN HUTCHINSON, JACKSON, LUVERNE,

Employer identification number

#### SOUTHWEST MINNESOTA ARTS COUNCIL

41-6168522

MARSAHLL, MONTEVIDEO, MORTON, ORTONVILLE, PIPESTONE, REDWOOD FALLS,
RENVILLE, WILLMAR, AND WORTHINGTON WERE ATTENDED BY A TOTAL OF 118 PEOPLE.
SMAC'S ANNUAL ARTS CELEBRATION, ATTENDED BY 93 PEOPLE, WAS HELD AT LAKE
SHETEK, MN, AND INCLUDED 7 REGIONAL ARTIST BOOTHS, AND A MUSIC PERFORMANCE.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents TAXPAYER DID A NAME CHANGE WITH THE STATE OF MN WHICH REQUIRED AN AMENDMENT TO THE ARTICLES IF INC. SEE ATTACHED.

Form 990, Part VI, Line 7a - Election of Members and Their Rights MEMBERS MAY ELECT MEMBERS OF THE GOVERNING BODY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 AN AUDIT COMMITTEE CONSISTING OF THE EXECTUIVE DIRECTOR, TREASURER, AND ONE ADDITIONAL BOARD MEMBER WILL REVIEW THE 990 AND REPORT TO THE SMAHC BOARD PRIOR TO APPROVAL, THE IRS FORM 990 WILL BE MADE AVAILABLE TO THE SMAHC BOARD OF DIRECTORS VIA THE SMAHC BOARD WEBSITE FOR REVIEW PRIOR TO ACTION TAKEN BY THE BOARD OF DIRECTORS. THE SMAHC BOARD OF DIRECTORS WILL VOTE TO APPROVE THE IRS FORM 990 PRIOR TO ITS SUBMISSION TO THE IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH BOARD MEMBER SIGNS THE GRANT CONFLICT OF INTEREST POLICY & PROCEDURE.

SMAHC BOARD & PANELISTS AGREE TO DECLARE A CONFLICT OF INTEREST ON ANY

GRANT APPLICATION AND TO REFRAIN FROM DISCUSSION OR VOTING ON AN

APPLICATION WITH WHICH THEY HAVE A CONFLICT.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Name of the organization

SOUTHWEST MINNESOTA ARTS COUNCIL

Employer identification number 41-6168522

ANNUALLY THE SMAHC EXECUTIVE COMMITTEE WILL MEET AND CONSIDER APPROPRIATE
EMPLOYEE SALARY & BENEFITS FOR THE NEXT FISCAL YEAR. COMPENSATION WILL BE
BASED ON DATA FROM COMPENSATION SURVEYS/STUDIES FOR SIMILAR POSTIONS IN

Form 990, Part VI, Line 15b - Compensation Process for Officers

PROCEDURE IS THE SAME AS FOR PART VI SECTION B LINE 15a.

MINNESOTA, AVAILABILITY OF SMAHC FUNDS AND INFORMATION FROM EMPLOYEE

EVALUATIONS. SMAHC BOARD WILL APPROVE EMPLOYEE SALARY AND BENEFITS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE UPON REQUEST.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Recoveries of Prior Year Grants \$ 560

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

(99) ► See separate instructions. ► Attach to your tax return.

Name	s) shown on return	ST MINNESO	TA ARTS (	COUNCIL				ying num -616	ber 8522
Busine	ess or activity to which this form relates					-			
	ndirect Depreciati	on.							
	art I Election To Expen		erty Under Se	ction 179					<del></del>
	Note: If you have a	-	-		compl	ete Part I			
1	Maximum amount (see instructions		,		•••••		·	1	500,000
2	Total cost of section 179 property p		instructions)					2	
3	Threshold cost of section 179 proper	•	•	structions)				3	2,000,000
4	Reduction in limitation Subtract line	•	•	5.1. 4.5.1.5,				4	
5	Dollar limitation for tax year Subtract line		•	ried filing senarately	see instri	ictions		5	
6	(a) Description		todo, entor o n ma	(b) Cost (business u		T	lected cost	1	
				<del></del>		<del>  ``</del>			
			• •			<del>                                     </del>			
7	Listed property Enter the amount fi	rom line 29	<del></del>		7	<del>                                     </del>			
8	Total elected cost of section 179 pr		in column (c), lines	6 and 7		<u> </u>	-	8	
9	Tentative deduction Enter the sma	•	00:0 (0),	, o and .				9	
10	Carryover of disallowed deduction f		012 Form 4562					10	
11	Business income limitation Enter th	•		than zero) or line 5	(see in	tructions)		11	
12	Section 179 expense deduction Ad		•	•	(500 111	and choris,		12	
13	Carryover of disallowed deduction t			_	13	Γ	<del></del>	_ <u>'-</u>	
	: Do not use Part II or Part III below	_			1	l			
	rt II Special Depreciati		<del></del>	reciation (Do r	ot inc	ude lister	1 prope	rtv ) (9	See instructions )
14	Special depreciation allowance for					uuc notet	и ріорсі		Jee mandenons )
• •	during the tax year (see instructions		ioi tiioii liotod prop	orty) placed in oci				14	
15	Property subject to section 168(f)(1							15	
16	Other depreciation (including ACRS	•						16	2,688
	art III MACRS Depreciati		de listed prope	rty ) (See instr	uctions	: )		1 10 1	
	iii iii iii iii ii ii ii ii ii ii ii ii	ion (Bo not mora		ion A	40110111	·· <i>j</i>			· · · · ·
17	MACRS deductions for assets place	ed in service in tax ve	ars beginning befo	re 2013			-	17	C
18	If you are electing to group any assets placed in	•			nere		ightharpoonup		Gran Carrier
		Assets Placed in Se				eral Depre	ciation S		· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruction	nt use	y (e)	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property				1				
b	5-year property				1			-	·
С	7-year property								
d	10-year property								
e	15-year property				$\top$				<del></del>
f	20-year property		. =			· · · · · · · · · · · · · · · · · · ·			
a	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		ММ	S/L		<del> </del>
•	property			27 5 yrs		MM	S/L		· · · · · · · · · · · · · · · · · · ·
i	Nonresidential real			39 yrs		MM	S/L		
•	property				$\top$	MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2013 1	ax Year Using th	e Altern			System	<u> </u>
20a	Class life				1		S/L	<u> </u>	
	12-year			12 yrs			S/L	1	
	40-year			40 yrs	+	MM	S/L		
	irt IV Summary (See inst	ructions \		1 40 VIS		(AlbAl	3/L		
<u></u> 21	Listed property Enter amount from			· · ·				21	<del></del>
2 I 22	Total. Add amounts from line 12, lir		es 10 and 20 in co	lump (a) and line (	1 Ento	horo			<del></del>
	and on the appropriate lines of your			_		-		22	2,688
23	For assets shown above and placed					Ι		1 44	2,000
	portion of the basis attributable to se	-	content year, ente	i uic	23			ļ	
	portion of the basis attributable to st	ECTION 2007 COSIS		<del> </del>	1 23	L			4500

SWMAHC SOUTHWEST MINNESOTA ARTS COUNCIL
41-6168522 Federal Asset Report

FYE: 6/30/2014

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
7336	Description	III Service	COST		ioi pebi	Fel Colly Metti	FIIU	Current
Prior	MACRS:	0/20/02	00		00	5 1111 00000		
9	FIRE PROOF SAFE	9/30/93	90		90	5 HY 200DB	90	0
		:	90	:	90		90	0
Other	Depreciation:							
1	IBM SELEC 2 TYPEWRITER	8/01/77	615		615	10 MO S/L	615	0
2	SHEEP DESK CALC	11/01/78	155		155	10 MO S/L	155	0
4	STEEL SHELVING UNIT	9/01/79	22		22	10 MO S/L	22	0
11	TABLE	10/31/94	68		68	5 MO S/L	68	0
	PHONE EQUIPMENT OFFICE CHAIRS	12/31/99 2/01/00	2,188		2,188	5 MO S/L	2,188	0
37	SLIDE PROJECTOR	6/28/00	222 518		222 518	5 MO S/L 5 MO S/L	222	0
40	REFRIGERTOR	8/16/00	150		150	5 MO S/L	518 150	0
	FOLDING TABLE	1/15/01	104		104	5 MO S/L	104	0
	BULLETIN BOARD	4/20/01	32		32	5 MO S/L	32	ŏ
43	THREE PANEL DISPLAY SYSTEM	6/30/01	223		223	5 MO S/L	223	ŏ
45	3 USED OFFICE DESKS (DONATED)	7/01/01	0		0	0 Memo	0	0
	I USED- 4 DRAWER FILING CABINET (		0		0	0 Memo	0	0
	USED METAL BOOK SHELF (DONATE)		0		0	0 Memo	0	0
50 51	BOOKCASES 6 4-DRAWER FILE CABINETS	1/19/02 4/01/02	364		364	5 MO S/L	364	0
53	DIGITAL COPIER	3/11/03	240 5,526		240 5,526	5 MO S/L 5 MO S/L	240 5 526	0
54	DIGITAL COMERA & ACCESS	3/14/03	361		361	5 MO S/L	5,526 361	0
	BLACK OFFICE CHAIR	8/16/04	300		300	5 MO S/L	300	ő
	LP 600 Projector	2/16/06	1,599		1,599	5 MO S/L	1,599	ŏ
57	3 Computers/3 Monitors	2/16/06	5,082		5,082	5 MO S/L	5,082	0
	2 OFFICE CHAIRS	3/31/08	634		634	5 MO S/L	634	0
	COMPUTER	4/30/10	1,187		1,187	5 MO S/L	752	237
1	CHAIR	5/31/10	300		300	5 MO S/L	185	60
	AIR PURIFIER COPIER	9/30/10 10/31/10	200 3,895		200 3,895	5 MO S/L 5 MO S/L	110	40
	OFFICE CHAIR-CLERICAL	4/30/11	225		225	5 MO S/L	2,077 98	779 45
	LAPTOP COMPUTER, PROJECTOR SCR		524		524	5 MO S/L	210	104
	COMPUTER EQUIPMENT	6/29/12	5,509		5,509	5 MO S/L	1,102	1,102
	IPAD	6/29/12	426		426	5 MO S/L	85	86
68	VACUUM CLEANER	7/05/12	532		532	5 MO S/L	106	107
69	PRINTER & FAX	12/04/12	163		163	5 MO S/L	19	33
70 71	SIGNS FOR OFFICE CONFERENCE PHONE AND MICS	2/14/14 2/14/14	484 661		484	5 MO S/L	0	40
/1		2/14/14		-	661	5 MO S/L	0	55
	Total Other Depreciation	-	32,509	-	32,509		23,147	2,688
	Total ACPS and Other Penns	iation	32,509		32 500		22 147	2 (00
	Total ACRS and Other Deprec	1411VII =	32,309	=	32,509		23,147	2,688
	Grand Totals		32,599		32,599		23,237	2,688
	Less: Dispositions and Transfer	rs	0		0		0	2,000
	Less: Start-up/Org Expense	_	0	_	0		0	Ö
	Net Grand Totals	-	32,599	-	32,599		23,237	2,688
		=	-,	=				

SWMAHC SOUTHWEST MINNESOTA ARTS COUNCIL 41-6168522

**Federal Statements** 

FYE: 6/30/2014

## **Taxable Interest on Investments**

Description					
_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
\$_	4,824		14		
Total \$_	4,824				

SWMAHC SOUTHWEST MINNESOTA ARTS COUNCIL
Federal Statements

41-6168522 FYE: 6/30/2014

r Expenses
All Other
Line 24e - /
, Part IX, L
Form 990, I

				יבו בעלעם ובי	<b>1</b>			
Description	ώ     	Total Expenses	₽. W	Program Service	Mana, Ge	∄anagement & General	<u> </u>	Fund Raising
PHONE/INTERNET SUBSCRIPTIONS/MEMBERSHIPS		2,3422,079	S	2,248	S.	56	w.	38
EQUIPMENT PURCHASE TRANSF WORKSHOP STIPEND		1,145 425		966 425		151		28
MISCELLANEOUS HIRING, TRAINING, AND DEV		243		33		113		97
Total	ς, l	6,304	φ	5,814	φ.	326	δ	164

Southwest Minesol And Council 41-6168522 2-1048 NP-business name



# Office of the Minnesota Secretary of State

Minnesota Business & Nonprofit Corporations

Amendment to Articles of Incorporation Minnesota Statutes, Chapter 302A or 317A



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail

1. Corporate Name: (Required)

Southwest Minnesota Arts and Humanities Council

List the name of the company prior to any desired name change

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted. (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

#### 1 & 2 ARTICLE

- 1. The name of the organization shall be Southwest Minnesota Arts Council.
- 2. The purpose of the organization shall be to promote and encourage the development of the arts in the 18 counties of Southwest Minnesota.
- 4. This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.
- 5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent Sec : Attacy Date

#### **Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices info@swmnarts.org

| Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

Greta Murray

507-537-1471

Contact Name

Phone Number

OCT 07 2013

Entities that own, lease, or have any financial interest in agricultural land or land capable of bein North Extended in Secretary of State must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed? Yes No No

SWMAHO

Application for Extension of Time To File an **Exempt Organization Return** 

OMB No. 1545-1709

File a separate application for each return. Department of the Treasury ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print SOUTHWEST MINNESOTA ARTS COUNCIL 41-6168522 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) File by the due date for 114 N. 3RD ST., PO BOX 55 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See MARSHALL MN 56258 instructions 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T'(trust other than above) Form 8870 12 GRETA MURRAY 114 N. 3RD ST., PO BOX 55 The books are in the care of ▶ MARSHALL 56258

			•	 
Telephone No ▶ 507-	537-1471	FAX No ▶		

If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for th	ie whole group, check this box			
a list	with the names and EINs of all members the extension is for.			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/15 , to file the exempt organization return for the organization named above. The extension is			
	for the organization's return for			
	calendar year or			
2	► X tax year beginning 07/01/13 , and ending 06/30/14  If the tax year entered in line 1 is for less than 12 months, check reason I Initial return Final return  Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	3a	\$	(
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made_Include any prior year overpayment allowed as a credit	3b	<b> </b> \$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using			
	FFTPS (Electronic Federal Tax Payment System). See instructions	30	•	(

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453 FQ and Form 8879-EO for payment instructions