

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

	i tile 2	C Name of organization	19 0 01	D Employer iden	ufication i	number	
Chi	ck of applicab		l				
	Address	Doing business as		93-00	596250	)	
	change Name chang	Number and street (or B.O. hay 4 mail is not delivered to street address). Beam/suite	-	E Telephone num	ber		
	Initial return	PO BOX 1315	i	541-	574-26	555	
	Final return		t			<del></del>	
	terminated Amended	NEWPORT, OR 97365		G Gross receipts	s \$	684,	512
	return Application	F Name and address of principal officer		H(a) Is this a grou	p return for		ΧN
	pending	The state of the s		subordinates?  H(b) Are all subordin		<b>├</b> ─┤	<sup>=</sup>
	ax-exemp	status X 501(c)(3)	27	If "No," attack			
		status	21	H(c) Group exemp	-	•	
				ion 1977 M			) R
			or format	10n 19// W	State of Tet	gai doilliche C	-
Pa		Summary		MORE C DE	TET OD		
		efly describe the organization's mission or most significant activities TO CELEBRATE	, PRO	MOIE & DE	AFTOE		
2	CO	MMUNITY ARTS					
13							
Activities & Governance	2 Ch	eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more t	han 25%	of its net assets			-
ၓၟ		mber of voting members of the governing body (Part VI, line 1a)			3		1
S	<b>4</b> Nu	mber of independent voting members of the governing body (Part VI, line 1b)			4		
ij	<b>5</b> Tot	al number of individuals employed in calendar year 2014 (Part V, line 2a)			5		1
흜	6 Tot	al number of volunteers (estimate if necessary)			6		4 9
₹١	<b>7a</b> Tot	al unrelated business revenue from Part VIII, column (C), line 12			7a		
- }	<b>b</b> Ne	unrelated business taxable income from Form 990-T, line 34		<u> </u>	7b		
				Prior Year		Current Ye	ar
	<b>8</b> Co	ntributions and grants (Part VIII, line 1h) RECEIVED		734,7	773	430	, 24
Ě	<b>9</b> Pro	ogram service revenue (Part VIII, line 2g)		227,6	529	245	, 37
Revenue		estment income (Part VIII, column (A), lines 3, 4 and 7d)		8,434			42
≃		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9o hor and the Quis		796		8	, 47
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1216		971,0	532	684	, 51
	14 Be	ants and similar amounts paid (Part IX, column (A) (Thes 1-3) P					
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,	279	238	, 97
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)					
per		tal fundraising expenses (Part IX, column (D), line 25)	l l				
Ä		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		363,	915	347	, 0:
		tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		609,		585	
		evenue less expenses Subtract line 18 from line 12		362,			, 5:
ces		venue less expenses Subtract line to from line 12		inning of Current		End of Yea	
ş		tal accepts (Dart V. time 40)		1,179,		1,239	. 6
SSE	20 To	tal assets (Part X, line 16)	•	83,			5,8
골		tal liabilities (Part X, line 26)	·	1,095,		1,193	
		et assets or fund balances Subtract line 21 from line 20	•	1,000,	012	1,173	,, ,
	rt II	Signature Block	-4	and to the back	of my lene	wlodge and h	olice.
Uni	der penalt e, correct	es of perjury, I declare that I have examined this return, including accompanying schedules and st and complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, r has any	knowledge	וווא אווויי	wieuge and Di	ener,
	<u></u>	10-0-10			, .		-
۰. دام	n l	Carples Dennilles			6-10	<u> </u>	
Sig		Signature of officer		Date			
He	1 L	Cathleen Donnellan Ireasurer					
		Type or print name and title			<del></del>		
		rint/Type preparer's name Preparer's argnature Date	( .	Check X	<b>⊸</b> "	N	
Pai	1.3	SIGNE GRIMSTAD (//	13/1	self-emplo		P01454	25
	parer	irm's name ▶ GRIMSTAD & ASSOCIATES		Firm's EIN	93-10	141672	
US	· Univ —	irm's address ▶ PO BOX 1930, NEWPORT, OR 97365		Phone no	541-2	265-5411	
N		discuss this return with the preparer shown above? (see instructions)				X Yes	Г

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

$\overline{}$	90 (2014)		Р	age 3
Part	Checklist of Required Schedules	<del></del>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Tes	NO
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
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			l
_	"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,"	8		x
9	complete Schedule D, Part III			<del></del>
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			-
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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		<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			1
	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	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	† · · · ·	$\frac{x}{x}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	$\vdash$	+
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		İ	_
	complete Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì	1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	<u> </u>
15	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	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	<del>  ^</del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19	Ì	x
20-	If "Yes," complete Schedule G, Part III			X
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		_	1

<u>Part</u>	Checklist of Required Schedules (continued)		· T	
	<b>-</b>		'es	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
22	domestic government on talk ix, column (xy, line 1 th 100, complete concedito i, talk i and ii	-	_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		$\neg$	<del></del>
23			1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
24.0	employees? If "Yes," complete Schedule J			<del></del>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		x
h		24b	_	<del></del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception			
С		24c		
d	to deleged any tax exempt belief 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	24d	_	
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 10		
25 a		25a	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		-	
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	- <del></del>		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		l	
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		Ì	
	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)		ļ	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_	Ì	v
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			X
	or IV, and Part V, line 1	34 35a		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	$\vdash$		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			x
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_	-	<del>  ^</del> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	' }	[	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		x
	Part VI	-		+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
	19? Note. All Form 990 filers are required to complete Schedule O		990	/201

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		للل
	., 		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ŀ		İ
	Enter the humber of Forms W-2G included in line 1a. Enter -0- it not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	x	
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return  23			
	otatements, filed for the calendar year chang with or within the year covered by this return.	26	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del></del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3D		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		x
	account)?	4a		
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		<del>                                     </del>
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
L	organization solicit any contributions that were not tax deductible as charitable contributions?			<del> </del>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	05		+-
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a	1	x
h	and services provided to the payor?	7b		<del>                                     </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	Ì		İ
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_	İ	
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them )	_		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	138	1	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	_		
c	Enter the amount of reserves on hand		ļ.	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14	a	Х
t	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14	b	

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	• •	X
Sect	ion A. Governing Body and Management			<del></del>	
	1.	7.0	$\rightarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year $\cdots$ $\frac{1}{2}$	a 12			
	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			1	
b	Enter the number of voting members included in line 1a, above, who are independent L1	b 12		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati		-		
	any other officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under	r the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other p		3		_ <u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		_ <u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5	]	_ <u>x</u>
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elec				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by		}	1	
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undert			ļ	
•	the year by the following				
а	The governing body?		8a	х	
a b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inter		Code	<del>)</del>	
				Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of su		10b	ļ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		11a	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling.	ig the follow.			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the		12b	x	
	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the pol		12c	x	
	describe in Schedule O how this was done		13	<del> </del>	х
13	Did the organization have a written whistleblower policy?			x	<del>                                     </del>
14	Did the organization have a written document retention and destruction policy?		14	<u>^</u>	+-
15	Did the process for determining compensation of the following persons include a review and		ł		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	<del></del>	+
b	Other officers or key employees of the organization		15b	X	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1	
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	-	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evaluate its	1	1	İ
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the	1		1
	organization's exempt status with respect to such arrangements?	<u> </u>	16b	<u>.                                     </u>	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OREGON				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	n 501	(c)(3)	s only
	available for public inspection. Indicate how you made these available. Check all that apply	•			
	Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of in	teres	t poli	cy, and
. •	financial statements available to the public during the tax year			•	•
20		ooks and recor	ds ▶		
-0	State the name, address, and telephone number of the person who possesses the organization's b	2655	-		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

1 01111 330 (201	<b>4</b> )										<u> </u>
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, t	ot che unless	(C) Positi eck r s pers a di	) ion more son i	than of the state	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ITCHUNG CHEUNG DIRECTOR	1	x						0	0	0
(2) JODY HANNA	1	<del></del> -								
DIRECTOR		x						0	0	0
(3) ELLEN HERTEL	1									
DIRECTOR		x					ļ	C	0	0
(4) DAVID JONES	1		}							
DIRECTOR		x				ļ	<u> </u>			0
(5) RANDY MADNICK	1	1								
DIRECTOR		X				ļ	<u> </u>	ļ	0	0
(6) MARK MCCONNELL	1									
DIRECTOR		X	$\perp$		ļ	ļ	-		0	0
(7) SARAH GALE PLOURDE	1	_		ŀ		ļ				
DIRECTOR	ļ	X	<del> </del>		_	ļ	<del> </del>		0	0
(8) AKIA WOODS	1	4	Ì		1				.) ,	
DIRECTOR		X	ļ		-	ļ	┼-	<u></u>		0
(9) SANDI WILLIAMS	1	┥	1		l		1			0
PRESIDENT	<del>\</del>	X	-	X	╁		-}-	<del>                                     </del>	0	0
(10) M. KAY MOXNESS	1	٠	İ		1				0	0
VICE PRESIDENT	<del> </del>	X	1	X	$\vdash$	ļ	╀		<u> </u>	0
(11) WAYNE BELMONT	1	-		x					o	o
SECRETARY	<del> </del>	X	+-	A	+	<u> </u>	+		0	
(12) CATHLEEN DONNELLAN TREASURER	. 1	_ x		x				[	o	0
	40	<del>  ^</del>	+	1	+		+-	<del></del>	<del>-</del>	<del></del>
(13) CATHERINE RICKBONE  EXECUTIVE DIRECTOR						×		43,84	8	0 9,290
(14)	+	-				† <del></del>				

<u>Part</u>	VII Section A. Officers, Directors, Tru	131003, 110	<u>,</u>	ipio		) ()	unu i	ng.	lest Compensate	u Linpioye	1	unacay		
	· (A)	(B)			Pos	•			(D)	(E)		(F	:)	
	Name and title	Average	1 '				than o	,	Reportable	Reportable		Estim		
		hours per					is both or/trust		compensation	compensation from	from	amou oth		
		week (list any hours for		-		\$			from the	related organization	s	compe		n
		related	d ko	stitu	Officer	y er	the:	Former	organization	(W-2/1099-MI		from	the	
		organizations	/idual	g	_	뮻	st co	֡֡֡֞֞֞֞֞֓֓֓֞֞֜֞֓֓֓֓֞֜֞֓֡֓֓֡֞֜֞֓֡֡֡֡	(W-2/1099-MISC)			organi		
		below dotted line)	Individual trustee	lai t		employee	dig				1	and re organia		
		,,,,,	stee	Institutional trustee		"	Highest compensated employee					3		-
				ď			atec				1			
15)							<u> </u>							
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16)			<del> </del>	$\vdash$		-								
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17)				+		<del> </del>	<del> </del>							
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18)		<del> </del>	<del> </del>	-	<del> </del>	╁	-							
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10)			-	+	+	$\vdash$	+							
19)		<del> </del>	-											
			+	-	-	$\vdash$	-	├						
20)		ļ	-											
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21)	·	ļ	4				1							
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(22)						1		1		1	ì			
						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		ļ			_			
(23)			]								ļ			
		T	7											
(24)	·													
<u></u> -	- <b></b>	+	7											
(25)				$\top$	$\top$	<del>                                     </del>	1	1						
<u>`                                    </u>		+	7			ļ					- [			
1h	Sub-total	<b>1</b>	<u> </u>					▶						
	Total from continuation sheets to Part VII,								43,848				9	,290
	Total (add lines 1b and 1c)								43,848			-		,290
	Total number of individuals (including but n								<u> </u>	<del></del>	n of			,
2	reportable compensation from the organizat		to the	136 1	0	ua	DOVE)	4411	o received more a	ιαπ ψ 100,00	0 01			
	Teportable compensation from the organization	-							·········				Yes	No
_									1 1				163	110
3	Did the organization list any former of	ficer, direc	ctor,	or 	trus	tee	, key	en	nployee, or highe	st compens	ated			x
	employee on line 1a? If "Yes," complete Sche											3		<b>├</b> ^
4	For any individual listed on line 1a, is the	sum of r	report	able	e co	mp	ensat	ion	and other compe	nsation from	the			
	organization and related organizations	greater tha	an \$	150	,00	0٥	If "Y	es,'	' complete Sched	tule J for	such			
	ındıvıdual											4		X
5	Did any person listed on line 1a receive	or accrue	comp	ens	atıo	n fr	om a	ny ι	unrelated organiza	tion or indiv	idual			
	for services rendered to the organization? If	"Yes," com	olete .	Sche	edul	le J	for su	ch p	oerson	<u></u>		5		X
Sect	ion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·					
1		mpensate	d inde	eper	nder	nt c	ontra	ctor	s that received mo	re than \$10	0,000	of		
	compensation from the organization Report	t compens	ation	for 1	the	cale	endar	yea	rending with or w	ithin the org	anızatıc	on's tax		
	year													
	(A)								(B)			(C)		
	Name and business a	ddress						-	Description of s	ervices	C	ompens		1
NON	IE .							1						-
		······································						$\dashv$						
								$\dashv$						
								$\dashv$						
									46 1-41					
2	Total number of independent contractor received more than \$100,000 of compensations.							ιο	tnose listed at	ove) who				

		-	(A)	(B) Related or	(C) Unrelated	(D) Revenue
•			Total revenue	exempt function revenue	business revenue	excluded from tax under sections 512-514
3 € 1a	Federated campaigns 1a					
and Other Similar Amounts and Other Similar Amounts  b c d e f g  g b c d e f	Membership dues 1b	45,498				
2 A 5	Fundraising events 1c					
i <u>a</u> d	Related organizations 1d					
Sir e	Government grants (contributions). 1e	166,150				
g f	All other contributions, gifts, grants,					
5	and similar amounts not included above . 1f	218,592				-
g g	Noncash contributions included in lines 1a-1f \$		430 240			
∮ n	Total. Add lines 1a-1f	l I	430,240	-		<del>                                     </del>
Program Service Revenue	EVENT ADMISSIONS	Business Code 711300	121,564	121,564		1
2a 22 .	RENT	711300	46,254	46,254	<del></del>	<del> </del>
93 b	TUITION	711300	41,136	41,136	<u></u>	<del></del>
ء <u>د ت</u>	AD & ART SALES	711300	27,508	27,508		
S d	CONCESSIONS	711300	8,916	8,916		
grar			0,,,,	0,020		
o g	All other program service revenue Total. Add lines 2a-2f		245,378			
3	Investment income (including dividen					
"	and other similar amounts)		421			421
4	Income from investment of tax-exempt bond					
5	Royalties					
ł	(i) Real	(II) Personal			-	-
6a	Gross rents					-
ь	Less rental expenses					İ
C	Rental income or (loss)					1
d	Net rental income or (loss)					
7a	Gross amount from sales of (i) Securities	(II) Other				
	assets other than inventory					
ь	Less cost or other basis					
	and sales expenses		,			
c	Gain or (loss)					
d	Net gain or (loss)	. <u></u>				
일 8a	Gross income from fundraising	1				
en	events (not including \$		l.			İ
e	of contributions reported on line 1c)					İ
E	See Part IV, line 18 a	1				
Other Revenue	•					
ō   ō		· · · · · · · · · · · · · · · ·				-
9a		1				`
	See Part IV, line 19					
b						į
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(	· · · · · · · •				
10a					5	
	returns and allowances	1 1			ı	i
t	Less cost of goods sold	·	1	-	r	
<u></u> ⊢'	Miscellaneous Revenue	Business Code			<del></del>	
	MICCELLANDONO	711300	4,530	4,530		
11a	UENIMU TNC CDEDIM	711300	3,943	3,943		
	<u> </u>	, 22300	3,313			
ĺ	d All other revenue					<del> </del>
	d All other revenue		8,473	<del>-</del>	<del>-</del>	
12			684,512	253,851		42

Total revenue. See instructions . .

# Form 990 (2014)

Sect	ion 501(ç)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a respo		in this Part IX		
	oot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	43,848	33,763	8,770	1,315
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	135,991	104,713	27,198	4,080
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	41,058	31,615	8,211	1,232
	Payroll taxes	18,080	13,922	3,616	542
	Fees for services (non-employees)				
	Management				
	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O)	77,114	43,606	15,423	18,085
12	Advertising and promotion	24,103	24,103		
13	Office expenses	43,626	33,889	8,726	1,011
14	Information technology				
15	Royalties	20.010	20 407	F 044	077
16	Occupancy	29,218	22,497	5,844	877
	Travel	12,594	10,075	2,519	<del></del>
18	Payments of travel or entertainment expenses		}		
	for any federal, state, or local public officials	1 556	1 245	311	<del></del>
19	Conferences, conventions, and meetings	1,556	1,245	211	
20	Interest				
21	Payments to affiliates	29,569	23,655	5,914	
22 23	Depreciation, depletion, and amortization	7,857	6,286	1,571	
24	Other expenses Itemize expenses not covered	.,	5,200	_,	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			[	
	(A) amount, list line 24e expenses on Schedule O)				
a	ARTIST FEES	85,211	85,211		
Ŀ	BOX OFFICE	21,613	21,613		
	COURTESY	11,234	7,864		3,370
`	CONCESSIONS	3,317	3,317		
	All other expenses		·		
	Total functional expenses. Add lines 1 through 24e	585,989	467,374	88,103	30,512
26					

Part X Balance Sheet

Part 2				<del></del>
	Check if Schedule O contains a response or note to any line in this Pa	art X	· · ·	
	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	144,167	1	131,339
2		366,039	2	246,670
3			3	
4		3,437	4	4,929
	trustees, key employees, and highest compensated employees			
	Complete Port II of Cohodula I		5	
-   6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		ļ	
	organizations (see instructions) Complete Part II of Schedule L		6	
ets	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
- 1	Prepaid expenses and deferred charges	4,081	9	2,731
10	Da Land, buildings, and equipment cost or			
ĺ	other basis Complete Part VI of Schedule D 10a 958,748	3		
	b Less accumulated depreciation	424,074	10c	626,438
11		237,353	11	227,547
1:			12	
1:			13	
14			14	<u> </u>
1:			15	
10			16	1,239,654
1	7 Accounts payable and accrued expenses	12,004	17	5,884
1:	B Grants payable		18	
11			19	39,957
2	Tax-exempt bond liabilities		20	
<b>မှ 2</b>			21	
Liabilities	2 Loans and other payables to current and former officers, directors,			
ge	trustees, key employees, highest compensated employees, and			
٦	disqualified persons Complete Part II of Schedule L		22	
2	, , , , , , , , , , , , , , , , , , , ,		23	
2			24	
2				
1	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	45 041
2	6 Total liabilities. Add lines 17 through 25	. 83,50	26	45,841
Sec	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ue 2	7 Unrestricted net assets	. 547,23		791,045
<u>_</u>	8 Temporarily restricted net assets	548,40		402,768
일 2	9 Permanently restricted net assets	•	29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
क्ष 3	Capital stock or trust principal, or current funds		30	
SSE	Paid-in or capital surplus, or land, building, or equipment fund		31	
Į,	Retained earnings, endowment, accumulated income, or other funds		32	
N S	Total net assets or fund balances	1,095,64	2 33	<del></del>
;	Total liabilities and net assets/fund balances	1,179,15	1 34	1,239,654

Form 990 (2014) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . 684,512 1 Total revenue (must equal Part VIII, column (A), line 12) 585,989 Total expenses (must equal Part IX, column (A), line 25) 2 2 98,523 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 1,095,642 4 4 -352 5 5 6 7 7 8 8 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 1,193,813 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 Cash X Accrual 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? Х 2a 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 X Separate basis Consolidated basis Both consolidated and separate basis Х 2b 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 Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c Х of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a 

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### 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-FZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization OREGON COAST COUNCIL FOR THE ARTS 93-0696250 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Х 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization q Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported organization (ii) EIN (vi) Amount of (iii) Type of organization (IV) Is the organization (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) No Yes (A) (B) (C) (D) (E)

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)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	240,899	300,452	537,978	734,773	430,240	2,244,342
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	240,899	300,452	537,978	734,773	430,240	2,244,342
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						346,790
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,897,552
	tion B. Total Support						1,031,332
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	240,899	300,452	537,978	734,773	430,240	2,244,342
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,606	54,167	47,198	51,113	46,675	254,759
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 VI)						
11	Total support. Add lines 7 through 10					-	2,499,101
12	Gross receipts from related activities, etc. (s					12	932,531
13	First five years. If the Form 990 is f organization, check this box and stop here		<u> </u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup	·	<del>-</del>			<del> </del>	<del></del>
14	Public support percentage for 2014 (li						75.9294%
15	Public support percentage from 2013	Schedule A, Pa	art II, line 14			15	74.4368%
16a	331/3% support test - 2014. If the c						
	this box and stop here. The organizati						
a	331/3% support test - 2013. If the						
170	check this box and stop here. The org						
17 a	10%-facts-and-circumstances test - 10% or more, and if the organization						
	Part VI how the organization meets					•	•
	organization			_	· · · · · · · · · · · · · · · · · · ·	•	supported
b	10%-facts-and-circumstances test -	2013. If the or	ganization did	not check a bo	x on line 13, 16	6a, 16b, or 17a	i, and line
	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat supported organization						▶ 🔲
18	Private foundation. If the organization	n did not check	a box on line 1	3, 16a, 16b, 17a	a, or 17b, chect	k this box and se	e
	Instructions				<u> </u>		▶ 📙

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.)

<u>Sect</u>	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	I					
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						<del></del> :
	organization's benefit and either paid						
	to or expended on its behalf				ļ	ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the				}		
	organization without charge						
6	Total. Add lines 1 through 5						
	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		ł				}
_	Add lines 7a and 7b			·			
8	Public support (Subtract line 7c from		*				
_	line 6)				Ì		
Sec	tion B. Total Support			·			·
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<del></del>	<del>  ``                                  </del>	· · · · · · · · · · · · · · · · · · ·			
	Gross income from interest, dividends,			1			
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses	l			1		
	acquired after June 30, 1975	(	Ì				Ì
_	Add lines 10a and 10b			-		-	<del> </del>
11	Net income from unrelated business					<del></del>	
''	activities not included in line 10b,	ĺ			Į.	1	
	whether or not the business is regularly						
	carried on				<del> </del>		<del></del>
12	Other income Do not include gain or						
	loss from the sale of capital assets		1	1			
	(Explain in Part VI)	ļ	<del> </del>			-	<del> </del>
13	Total support. (Add lines 9, 10c, 11,		}		j	ļ	
	and 12)	L	<u> </u>				1(-)(2)
14	First five years. If the Form 990 is for	-					F 13
	organization, check this box and stop here			<u> </u>	· · · · · · · · ·	· · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	ction C. Computation of Public Su	·		(0)		T. 1	0.0000%
15	Public support percentage for 2014 (line 8						
16	Public support percentage from 2013 Sch			<u> </u>	· · · · · · · · · · · · · · · · · · ·	.   16	%
	ction D. Computation of Investme						0.0000%
17	Investment income percentage for 2014 (I						
18	Investment income percentage from 2013						<u>%</u>
19	a 331/3% support tests - 2014. If the o						
	17 is not more than 331/3 %, check to						
	b 331/3% support tests - 2013. If the org						
<b>-</b> -	line 18 is not more than 331/3%, chec						
20 JSA	Private foundation. If the organization	ala not chec	k a box on line	: 14, 19a, Or 1	ab, check this		n 990 or 990-EZ) 201

#### Schedule A (Form 990 or 990-EZ) 2014

Supporting Organizations
(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A and D, and E, If you checked 11d of Part I, complete Sections A and D, and complete Part IV.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V	<u>v)</u>		
Section	on A. All Supporting Organizations		_	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	,	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8_		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings )

10b

P	aa	e	į

P <u>art</u>	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	İ	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b		11b		
	11 00 70 00 11 11 10 10 10 10 10 10 10 10 10 10	11c	1	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below		s)	1
2	Activities Test Answer (a) and (b) below.		Yes	No
a	District the state of the state	2a	1	
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	21		
3	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	36	a	
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	ר 31	b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must com	plete Se	ections A through E	(D) Cu
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		-11	
	2		<del>                                     </del>
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d	3		<del></del>
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)			
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount	-10-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functional instructions)		rated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2014

Part '	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizati	ons (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo-	ations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<del> </del>
6	Other distributions (describe in Part VI) See instructions			<u> </u>
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			0.000000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
C				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	- FF			
i	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$	<u> </u>		
a	The state of the s			
	Applied to 2014 distributable amount  Remainder Subtract lines 4a and 4b from 4		-	
5				<del> </del>
J	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions)  Remaining underdistributions for 2014 Subtract lines 3h			<del>                                     </del>
J	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3j	-	<del> </del>	<del> </del>
•	and 4c			
8	Breakdown of line 7	<u> </u>		
a	Diouxidown of line (	<del> </del>		-
<u>a</u>		<del>                                     </del>	<del> </del>	<del> </del>
<u>c</u>				<del> </del>
d				
— е	<del></del>	<del> </del>	<del> </del>	
			· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

20**14** 

Open to Public Inspection

Schedule D (Form 990) 2014

Name of the organization Employer identification number OREGON COAST COUNCIL FOR THE ARTS 93-0696250 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i), In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Part	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
	Jsing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its
	collection items (check all that apply)
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
C	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part
	KIII
	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Par	
	or reported an amount on Form 990, Part X, line 21
	s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not
	ncluded on Form 990, Part X?
b	If "Yes," explain the arrangement in Part XIII and complete the following table
	Amount
	Beginning balance
d	Additions during the year
е	Distributions during the year
	Ending balance
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b	If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
Par	
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
	Beginning of year balance
b	Contributions
С	Net investment earnings, gains,
	and losses
d	Grants or scholarships
е	Other expenditures for facilities
	and programs
f	Administrative expenses
g	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
а	Board designated or quasi-endowment > %
b	Permanent endowment > %
С	Temporarily restricted endowment ▶ %
	The percentages in lines 2a, 2b, and 2c should equal 100%
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by Yes No
	(i) unrelated organizations
	(ii) related organizations 3a(ii)
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4	Describe in Part XIII the intended uses of the organization's endowment funds
Pai	Land, Buildings, and Equipment.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10
	Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other)  depreciation
1a	Land
	Buildings
С	Leasehold improvements 798,281 187,036 611,245
d	Equipment 160,467 145,274 15,193
е	Other
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ 626,438
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Schedule D (Form 990) 2014

JSA 4E1270 1 000

	Complete if the organization answered	tes to Form 990,	Part IV, line	11b. See Form 990,	Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion
1) Financia	al derivatives				
2) Closely	-held equity interests				
3) Other					
- ( <u>A)</u>		· · · · · · · · · · · · · · · · · · ·			
( <u>B)</u>			<del> -</del>		
·-(C)					
·(E)				<del></del>	
(F)				-	···
(G)					
(H)				<u></u>	
otal. (Colum	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	11c See Form 990.	Part X, line 13
	(a) Description of investment	(b) Book value		(c) Method of valua Cost or end-of-year man	ation
(1)					
(2)			ļ		
(3)					
(4)					
(5) (6)			<u> </u>		
(7)					
(8)			<del> </del>		
(9)				· · · · · · · · · · · · · · · · · · ·	
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answered	d "Yes" to Form 990	) Dort I// line	11d Soo Form 000	
			, Part IV, line	The See Form 550	7
		escription	o, Part IV, line	The See Form 550	(b) Book value
(1)			o, Part IV, iiile	The Geet offit 330	7
(2)			o, Part IV, line	Thu See Form 550	7
(2) (3)			o, Part IV, line	Thu See Form 550	7
(2) (3) (4)			, Part IV, line	THU See Form 550	
(2) (3) (4) (5)			, Part IV, line	Thu See Form 550	
(2) (3) (4)			, Part IV, line	Thu See Form 550	7
(2) (3) (4) (5) (6)			, Part IV, line	Thu See Form 550	7
(2) (3) (4) (5) (6) (7)			, Part IV, Illie	THU See Form 550	7
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	(a) De	escription			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) De	line 15)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere	line 15)	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X   1. (1) Fede (2) (3) (4)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X   1. (1) Fedd (2) (3) (4) (5)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co Part X  1. (1) Fede (2) (3) (4) (5) (6)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co  Part X   1. (1) Fede (2) (3) (4) (5) (6) (7)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d	0, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co Part X   1.  (1) Fedd (2) (3) (4) (5) (6) (7) (8) (9)	(a) Definition (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25  (a) Description of liability	line 15)d "Yes" to Form 99	0, Part IV, line		(b) Book value

Page	4
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Part :			•
	Complete if the organization answered "Yes" to Form 990, Part IV, lin		<del> </del>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	}
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		İ
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )2d		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
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
Part			rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, Iir		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a		.	
b	Division and supplies and suppl		1
c	Other leade		}
	Other (Describe in Part XIII )		{
d	Add been 0. Absorb 0.1		2e
e	Add lines 2a through 2d		3
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4
	Other (Describe in Part XIII )	.	<u> </u>
b	`	<u> </u>	1 . (
b c			4c
c 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		4c 5
5 Part		t IV, lines 1b and 2b, Pa	5 art V, line 4, Part X, line
5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b, Pa	5 art V, line 4, Part X, line
5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b, Pa	5 art V, line 4, Part X, line
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5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b, Pa	5 art V, line 4, Part X, line
5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b, Pa	5 art V, line 4, Part X, line
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schedule D (F	orm 990) 2014					Page 3
Part XIII	Supplemental Info	mation (continued)				
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## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public

**Inspection** 

Name of the organization Employer identification number OREGON COAST COUNCIL FOR THE ARTS 93-0696250 PART VI, LINE 11 BOARD TREASURER REVIEWS THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING. PART VI, LINE 12 DIRECTORS, OFFICERS AND EMPLOYEES ARE REQUIRED TO REPORT CONFLICTS OF INTEREST AS THEY ARISE AND ARE SUBJECT TO INQUIRY BY MEMBERS. PART VI, LINE 15 PERFORMANCE REVIEWS OF THE EXECUTIVE DIRECTOR ARE CONDUCTED BY THE BOARD AND DOCUMENTED IN BOARD MINUTES. PERFORMANCE REVIEWS OF EMPLOYEES ARE DONE BY THE EXECUTIVE DIRECTOR AND PLACED IN PERSONNEL FILES. PART VI, LINE 19 THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND TAX RETURNS AVAILABLE UPON REQUEST. PART IX, LINE 11G PROGRAM ASSISTANT \$ 8,116 CONSULTANT SERVICES 35,676 TECHNICIAN FEES 10,761 SOCIAL MEDIA 3,059 WEB TECH ASSISTANT 5,853 GRAPHIC DESIGN 13,649 TOTAL \$77,114