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SCANNED MAR 0 8 2016

Return of Organization Exempt From Income Tax

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

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. and ending JTIN 30 ,TIII, 1 2014

Open to Public Inspection

OMB No 1545-0047

B (Check if	C Name of organization	citaing b	D Employer identific	ation number		
	applicable						
	Address change	REGIONAL ARTS & CULTURE COUNCIL]			
	Name change	Doing business as	93-1059037				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	∏Fınal return/	411 N.W. PARK AVENUE	101	(503)			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,137,752.		
	Amended return	PORTLAND, OR 97209		H(a) Is this a group re			
	Applica-	F Name and address of principal officer. ELOISE DAMROSCH		for subordinates	?Yes X No		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in			
		npt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)		
		▶ WWW.RACC.ORG		H(c) Group exemption			
		ganization: X Corporation Trust Association Other	L Year	of formation: 1995 M	State of legal domicile: OR		
P		Summary	COLLEGE				
မွ	1 B	riefly describe the organization's mission or most significant activities: SEE	SCHEDU	TE O			
Activities & Governance				- + 050/			
/err		neck this box If the organization discontinued its operations or dispose	sea or more	1.1			
ģ		umber of voting members of the governing body (Part VI, line 1a)		3	25 25		
90	1	umber of independent voting members of the governing body (Part VI, line 1b)		4	40		
ties		otal number of individuals employed in calendar year 2014 (Part V, line 2a)	_	5			
ξį		otal number of volunteers (estimate if necessary)	7	6	500		
Ac		otal unrelated business revenue from Part VIII, column (C), line-12	1.	7a	0.		
_	b N	et unrelated business taxable income from Form 990-T, line 34 () 1 V	78h	7b			
		ontributions and grants (Part VIII, line 1h)	\\g\ _	Prior Year 6,645,594.	Current Year 8,556,193.		
e		1971 7 1	, 155 	350,251.	464,267.		
Revenue	l	rogram service revenue (Part VIII, line 2g)			98,064.		
Be	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		101,938. 18,746.	13,386.		
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)					
	12 1	of all revenue - and lines of through 11 (must equal) alternity Column (A), line 12)		7,116,529. 2,622,579.	9,131,910.		
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)			4,389,114.		
	1	enefits paid to or for members (Part IX, column (A), line 4)	_	0. 2,037,876.	2,154,395.		
ses	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	5,100.	2,134,393.		
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	67 H	5,100.	<u> </u>		
X		otal fundraising expenses (Part IX, column (D), line 25) 82,4	67.	2,028,965.	2,371,981.		
	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,694,520.	8,915,490.		
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)					
_ (19 R	evenue less expenses Subtract line 18 from line 12		422,009.	216,420.		
Net Assets or Fund Balances		the Leave to (Deed V. Leave 4.0)	Be	eginning of Current Year 6,962,364.	End of Year		
SSE	20 To	otal assets (Part X, line 16)	<u> </u>		7,203,484.		
let A	21 To	otal liabilities (Part X, line 26)	<u> </u>	4,297,989.	4,289,827.		
	22 N art II	et assets or fund balances Subtract line 21 from line 20 Signature Block		2,664,375.	2,913,657.		
		es of perjury, Pdeclare that I have examined this return, including accompanying schedule	se and etaton	age and to the best of my	knowledge and belief it is		
		and conf <u>ple</u> te. Beclaration of preparer (other than officer) is based on all information of wi			y Kilowieuge aliu bellei, it is		
liut	i, correct,	2 · 3 · 1	7				
		Signature of officer		Date	<u> </u>		
Sig	١.	ELOISE DAMROSCH, EXECUTIVE DIRECTOR					
He	re	Type or print name and title					
		Print/Type preparer's name Preparer's signeture	Date Check	PTIN			
Pai		EE LEE MCGEE		2/2/16 if self-employe	-		
		irm's name ► GARY MCGEE & CO. LLP		Firm's EIN	*		
	· –	Firm's address 808 S.W. THIRD AVENUE, SUITE 70	0	THIII 3 LIN			
500	· • · · · · ˈ	PORTLAND, OR 97204	~	Phone no. (5	03) 222-2515		
Ma	v the IPS	6 discuss this return with the preparer shown above? (see instructions)	<u> </u>	11 Hone Ho. 1 3	Yes No		
IVId	y une inc	disous this fetalit with the property shown above: (See alstidetions)			100_		

	990 (2014) REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. TO ENRICH OUR COMMUNITIES THROUGH ARTS AND CULTURE.
	10 EMALEST CON COMMONITIED THROUGH ARTH AND CONTORE.
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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$4, 726, 553. including grants of \$4, 386, 114.) (Revenue \$)
	GRANTS - RACC DISTRIBUTED APPROXIMATELY \$4,900,000 IN GRANT FUNDS IN
	2015, SERVING 126 INDIVIDUAL ARTISTS AND 135 ARTS ORGANIZATIONS IN THE
	PORTLAND TRI-COUNTY AREA. THE AMOUNT DISTRIBUTED INCLUDES AMOUNTS
	RECEIVED IN GRANTS AS WELL AS THOSE CONSIDERED AGENCY TRANSACTIONS.
	ABOUT 56 LOCAL ARTISTS AND COMMUNITY REPRESENTATIVES SERVE ON PANELS
	EACH YEAR TO HELP ASSESS THE ARTISTIC MERIT, COMMUNITY SERVICE, AND
	FISCAL RESPONSIBILITY OF THE APPLICANTS.
4h	(Code) (Expenses \$ 1,370,248 · including grants of \$) (Revenue \$)
4b	
	COLLECTION OF TWO-DIMENSIONAL WORKS IN THE VISUAL CHRONICLE OF PORTLAND, AND A SERIES OF ARTIST RESIDENCIES IN PUBLIC AGENCIES. RACC
	ALSO PROVIDES PUBLIC ART CONTRACTING SERVICES FOR A VARIETY OF LOCAL
	AND NATIONAL AGENCIES, BOTH PUBLIC AND PRIVATE.
	THE WILLOWAL AGENCIES, BOTH FORBIC AND PRIVATE.
	,
4c	(Code) (Expenses \$ 923,912. including grants of \$) (Revenue \$ 453,165.)
	ARTS EDUCATION - RACC SERVES AS MANAGING PARTNER FOR THE RIGHT BRAIN
	INITIATIVE, A COMPREHENSIVE SOLUTION TO INTEGRATE THE ARTS INTO THE
	EDUCATION OF EVERY K-8 STUDENT IN THE PORTLAND METROPOLITAN AREA SCHOOL
	DISTRICTS. IN ITS SEVENTH YEAR OF IMPLEMENTATION, THE INITIATIVE SERVED
	19,324 STUDENTS AND 237 EDUCATORS AND 49 TEACHING ARTISTS FROM 59
	SCHOOLS IN SEVEN SCHOOL DISTRICTS.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 807, 192. including grants of \$ 3,000.) (Revenue \$ 21,460.)
4e	Total program service expenses ► 7,827,905.
	Form 990 (2014)

Form 990 (2014) REGIONAL ARTS & CULTURE COUNCIL
Part'IV Checklist of Required Schedules

				<u> </u>
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</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 "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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve 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		<u> </u>
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		<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	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		<u> </u>
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.5
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	$\vdash \vdash \vdash$	
þ	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
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		X
16	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2 0a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_20b		
		Form	99U (2014)

Form 990 (2014) REGIONAL ARTS & CULTURE COUNCIL
Part 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			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		-
	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		
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	ŀ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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	<u> </u>		
O_	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 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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		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	
		Form	990	(2014)

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 243 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -O- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 40 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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) X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 82827 7c 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? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A 7h Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the N/A8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 N/A 9a a Did the sponsoring organization make any taxable distributions under section 4966? N/A b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 N/A 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
0	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		· ·	Γ				
	50 Mary 180 C.		Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year 1a 25							
	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 0. Enter the number of voting members included in line 1a, above, who are independent 1b 25							
b	-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X				
•	officer, director, trustee, or key employee?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	,		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u>		X				
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a		-		-22				
70	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
_	The governing body?	8a	x					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	2a 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 that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	<u> </u>					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	_14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-	х					
a	Other officers or key employees of the organization	15a 15b	X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ISD	Λ					
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		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	CYNTHIA KNAPP - (503) 823-5111							
	411 N.W. PARK AVENUE, SUITE 101, PORTLAND, OR 97209							

		•	
Form	990	(2014)	

REGIONAL ARTS & CULTURE COUNCIL

93-1059037

Page 7

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

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

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

Name and Title	Check this box if neither the organization		orga	ai ilZc			npei	ısaı			/E\
Note 19 Note	(A)	(B)					ı		(D)	(E)	(F)
Officer and a development of the related organizations below Figure F	Name and Title			(do not check more than one					1	· .	
1 Jesse Beason 2.00 X		1								'	
1 Jesse Beason 2.00 X		(list any	ctor						the	organizations	compensation
1 Jesse Beason 2.00 X			or dire	مه			ated		_	(W-2/1099-MISC)	
1 Jesse Beason			ıstee	truste		بو	bens		(W-2/1099-MISC)		_
1 Jesse Beason			ual tr	lonal		ploye	tcom /ee	١.			
1 Jesse Beason		1	pupu	nstitut	Officer	кеу еп	Highes mploy	Former			organizations
(2) NIK BLOSSER	(1) JESSE BEASON	2.00	Ī		_						
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
Column C	(2) NIK BLOSSER	2.00									
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
(4) DEAN WM. ROBERT BUCKER	(3) VERLEA G. BRIGGS	2.00									
DOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
STATE CLEMENS CLOON CLEMENS CLOON	(4) DEAN WM. ROBERT BUCKER	2.00									
DOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
Column C	(5) JAY CLEMENS	2.00									
DOARD MEMBER	BOARD MEMBER	ļ	X	<u> </u>					0.	0.	0.
Column	(6) EILEEN DAY	2.00		•			i				
BOARD MEMBER	BOARD MEMBER		X	L			<u>L</u>		0.	0.	0.
(8) DARYL DIXON 2.00	(7) JODI DELAHUNT HUBBELL	2.00		İ			l				
DOARD MEMBER	BOARD MEMBER		X				<u> </u>		0.	0.	0.
(9) LEW FREDERICK BOARD MEMBER (10) DEBBIE GLAZE BOARD MEMBER (X) 0. 0. 0. (11) MIKE GOLUB BOARD MEMBER (X) 0. 0. 0. (12) KIRA HIGGS BOARD MEMBER (X) 0. 0. 0. (13) PHILLIP T. HILLAIRE BOARD MEMBER (X) 0. 0. 0. (14) ANGELA HULT BOARD MEMBER (X) 0. 0. 0. (15) DANA INGRAM BOARD MEMBER (X) 0. 0. 0. (16) SUSHEELA JAYAPAL BOARD MEMBER (X) 0. 0. 0. 0	(8) DARYL DIXON	2.00	1					ŀ			_
BOARD MEMBER	BOARD MEMBER		X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
(10) Debbie Glaze	(9) LEW FREDERICK	2.00						Ì	_	_	_
BOARD MEMBER	BOARD MEMBER		X	ļ	<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0.
SOURCE S	(10) DEBBIE GLAZE	2.00	-		1						_
BOARD MEMBER X	BOARD MEMBER		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(12) KIRA HIGGS	(11) MIKE GOLUB	2.00	┨								
BOARD MEMBER X	BOARD MEMBER		X		<u> </u>		<u> </u>	<u> </u>	0.	0.	<u> </u>
(13) PHILLIP T. HILLAIRE 2.00 BOARD MEMBER X (14) ANGELA HULT 2.00 BOARD MEMBER X (15) DANA INGRAM 2.00 BOARD MEMBER X (16) SUSHEELA JAYAPAL 2.00 BOARD MEMBER X (17) JOE KRUMM 2.00	(12) KIRA HIGGS	2.00	┨			ŀ		1			
BOARD MEMBER X 0. 0. 0. (14) ANGELA HULT 2.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (15) DANA INGRAM 2.00 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. (16) SUSHEELA JAYAPAL X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. (17) JOE KRUMM 2.00 0. 0. 0. 0. 0.	BOARD MEMBER		X	-	-	<u> </u>	<u> </u>	_	0.	0.	0.
(14) ANGELA HULT 2.00 BOARD MEMBER X (15) DANA INGRAM 2.00 BOARD MEMBER X (16) SUSHEELA JAYAPAL 2.00 BOARD MEMBER X (17) JOE KRUMM 2.00		2.00	┨			ļ					
BOARD MEMBER X 0. 0. 0. (15) DANA INGRAM 2.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (16) SUSHEELA JAYAPAL 2.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (17) JOE KRUMM 2.00 0. 0. 0. 0.	BOARD MEMBER		X	-	-	ļ	ļ	<u> </u>	0.	0.	<u> </u>
Column C	(14) ANGELA HULT	2.00	┨								•
BOARD MEMBER X 0. 0. 0. (16) SUSHEELA JAYAPAL 2.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (17) JOE KRUMM 2.00 0. 0. 0. 0. 0.		+		┼	1	⊢	├	₩	<u> </u>	0.	<u> </u>
(16) SUSHEELA JAYAPAL 2.00 X 0. 0. 0. (17) JOE KRUMM 2.00		2.00		ĺ							_
BOARD MEMBER X 0. 0. 0. (17) JOE KRUMM 2.00 . . .		+	X	\vdash	\vdash		1	-	0.	ļ	<u> </u>
(17) JOE KRUMM 2.00		∠.00	٠.					1			
		2 00	_	+-	+-	<u> </u>	╁	┼-	1 0.	<u> </u>	J
		4.00									1
BOARD MEMBER	BOARD MEMBER		14	1		1	1	1	1 0.	1 0.	Form 990 (2014)

	L ARTS &								<u>93-1059</u>	037 Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			_ (0				(D)	(E)	(F)	
Name and title	Average	(do	not cl	Posi heck i			one	Reportable	Reportable	Estimated	
	hours per week		, unles					compensation	compensation	amount of	
	(list any]				155,	from the	from related organizations	other compensation	
	hours for	direct				l e		organization	(W-2/1099-MISC)	from the	
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization	
	organizations	Individual trustee or director	ial tru		yee	Highest compensated employee		,		and related	
	below	ndual	Institutional	ıa:	Key employee	lest c	Je .			organizations	
	line)	Ę	Instr	Officer	Key	돌	Former				
(18) DAVID R. LOFLAND	2.00								_	_	
BOARD MEMBER		Х			<u> </u>			0.		0.	
(19) LINDA MCGEADY	2.00	-							_		
BOARD MEMBER		X				<u> </u>	_	0.	0.	0.	
(20) JOANNA PRIESTLEY	2.00	1									
BOARD MEMBER		X					_	0.	0.	0.	
(21) JAN ROBERTSON	4.00										
BOARD CHAIR		Х		X			<u> </u>	0.	0.	0.	
(22) LINA GARCIA SEABOLD	4.00	l								_	
CHAIR EMERITUS		X		X	ļ	ļ		0.	0.	<u> </u>	
(23) MAX M. MILLER, JR.	4.00	ļ								_	
VICE CHAIR		X		Х		ļ. —	_	0.	0.	0.	
(24) ERIC HORMEL	4.00	l								_	
SECRETARY		X		X	<u> </u>	 		0.	0.	<u> </u>	
(25) JENNIFER C. CIES	4.00	l									
TREASURER		X		X	<u> </u>	ļ		0.	0.	0.	
(26) ELOISE DAMROSCH	40.00										
EXECUTIVE DIRECTOR				X	L		<u> </u>	121,001.	0.	25,053.	
1b Sub-total								121,001.		25,053.	
c Total from continuation sheets to Part	VII, Section A							221,291.		32,757.	
d Total (add lines 1b and 1c)							<u> </u>	342,292.		57,810.	
2 Total number of individuals (including but	t not limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable	-	
compensation from the organization										3	

compensation from the organization

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YOUNG AUDIENCES OF OR./S.W. WASH., 1220 S.W. MORRISON ST, STE 1000, PORTLAND, OR	IMPLEMENTATION PARTNER, RIGHT BRAIN	328,808.
RHIZA A+D, 2127 N. ALBINA, SUITE 203, PORTLAND, OR 97227	PUBLIC ART COMMISSION	109,050.
ADAM KUBY, 7019 S.E. MORRISON STREET, PORTLAND, OR 97215	PUBLIC ART COMMISSION	101,028.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form	aan

REGIONAL ARTS & CULTURE COUNCIL

93-1059037

Form 990 REGIONAL									93-105	903/
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	hecl	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) CYNTHIA KNAPP	40.00			,,				112 700	0	17 17
DIRECTOR OF OPERATIONS	40.00			X	_		H	113,700.	0.	17,170
28) JEFF HAWTHORNE DIRECTOR OF COMMUNITY ENGAGEMENT	40.00					х		107,591.	0.	15,587
						_			-	
···										
· · · · · · · · · · · · · · · · · · ·		-								,
		_			<u> </u>		_			
			<u> </u>	<u> </u>						
otal to Part VII, Section A, line 1c								221,291.		32,7 ₅

REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues 18,200. 1c c Fundraising events d Related organizations 1d 1e 7,675,089 e Government grants (contributions) f All other contributions, gifts, grants, and 862,904 similar amounts not included above 16,536. g Noncash contributions included in lines 1a-1f \$ 8,556,193 h Total. Add lines 1a-1f Business Code 451,070. 900099 451,070. 2 a PRIVATE CONTRACTS Program Service 13,197.13,197. b LECTURES AND WORKSHOP_ 900099 f All other program service revenue 464,267. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 98,064 98,064. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 18,200. of contributions reported on line 1c) See <u>8,1</u>70. Part IV. line 18 5,842 b Less: direct expenses 2,328. 2,328. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See 700 Part IV, line 19 0. b Less: direct expenses 700. 700. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns <u>2,09</u>5 and allowances 0. b Less: cost of goods sold 2,095 2,095. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 8,263. 900099 8,263. 11 a OTHER REVENUES d All other revenue <u>8,263.</u> e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

131,910.

474,625.

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)								
Check if Schedule O contains a response or note to any line in this Part IX												
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	3,900,933.	3,900,933.									
2	Grants and other assistance to domestic											
	ındıvıduals. See Part IV, line 22	488,181.	488,181.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign	i										
	individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members				<u> </u>							
5	Compensation of current officers, directors,											
	trustees, and key employees	292,310.		292,310.								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	1 100 630	0.41 0.06	420 (10	47.024							
7	Other salaries and wages	1,428,630.	941,986.	439,610.	47,034.							
8	Pension plan accruals and contributions (include	00 515	E2 010	22 044	2 762							
	section 401(k) and 403(b) employer contributions)	80,517.	53,910.	23,844.	2,763.							
9	Other employee benefits	208,552.	129,443.	70,313.	8,796. 3,372.							
10	Payroll taxes	144,386.	83,374.	57,640.	3,314.							
11	Fees for services (non-employees)											
	Management	4 601		4,601.								
Ь	Legal	4,601. 17,800.		17,800.								
	Accounting	17,800.		17,800.								
	Lobbying	-										
	Professional fundraising services. See Part IV, line 17	18,498.		18,498.								
f	Investment management fees	10,490.		10,490.								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,722,493.	1,702,127.	18,214.	2,152.							
40	• • • • • • • • • • • • • • • • • • • •	27,118.	23,985.	3,132.	1.							
12	Advertising and promotion Office expenses	53,293.	21,610.	31,683.	<u>,</u>							
13	Information technology	17,680.	15,020.	2,660.								
14 15	Royalties	17,000.	15,020.	2/0001								
16	Occupancy	234,696.	2,248.	232,448.								
17	Travel	33,240.	19,140.	13,202.	898.							
18	Payments of travel or entertainment expenses	3372101	23/2200									
10	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	47,290.	27,954.	19,117.	219.							
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	66,929.	19,720.	47,209.								
23	Insurance	9,731.	103.	9,628.								
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 0.)											
а	BAD DEBT EXPENSE	53,090.	52,800.	290.								
b	DUES AND SUBSCRIPTIONS	35,848.	19,372.	16,286.	190.							
c	EQUIPMENT AND MAINT.	29,674.	4,979.	23,682.	1,013.							
d	ADMIN. ALLOCATION	0.	321,020.	-337,049.	16,029.							
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	8,915,490.	7,827,905.	1,005,118.	82,467.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here If following SOP 98-2 (ASC 958-720)											
					Form 990 (2014)							

Pa	<u>t'X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	te to any line in thi	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,692,039	. 1	2,149,315.
	2	Savings and temporary cash investments			111,841	. 2	105,493.
	3	Pledges and grants receivable, net			806,362	. 3	534,033.
	4	Accounts receivable, net			646	. 4	647.
	5	Loans and other receivables from current and fo	ormer officers, dire	ctors,	.	T	
		trustees, key employees, and highest compensations	ated employees C	Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as d	efined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and	d contributing			
		employers and sponsoring organizations of sections	tion 501(c)(9) volui	ntary			
ts		employees' beneficiary organizations (see instr)	Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net		L	253,218	. 7	206,630.
ä	8	Inventories for sale or use		L		8	
	9	Prepaid expenses and deferred charges		L	66,180	. 9	59,785.
	10a	Land, buildings, and equipment cost or other				1 1	
		basis Complete Part VI of Schedule D		19,538.		1 1	
	b	Less: accumulated depreciation	10b 2	246,167.	233,764		273,371.
	11	Investments · publicly traded securities		1	3,798,314	. 11	3,522,344.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments · program-related See Part IV, line	11	<u> </u>		13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11		<u> </u>	0		<u>351,866.</u>
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		6,962,364		7,203,484.
	17	Accounts payable and accrued expenses		-	161,257		301,276.
	18	Grants payable		<u> </u>	417,680		547,311.
	19	Deferred revenue		-	3,719,052		3,441,240.
	20	Tax-exempt bond liabilities		-	· ·	20	
	21	Escrow or custodial account liability Complete				21	
es	22	Loans and other payables to current and former		1			
Liabilities		key employees, highest compensated employee	es, and disqualified	d persons		1 1	
<u>ia</u>		Complete Part II of Schedule L		-		22	
_	23	Secured mortgages and notes payable to unrela	•			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
	İ	parties, and other liabilities not included on lines	s 17-24) Complete	Part X of		0-	
		Schedule D		-	4,297,989	25	4,289,827.
	26	Total liabilities. Add lines 17 through 25	2) abaalabaa	X and	4,431,303	. 26	4,403,041.
, 0		Organizations that follow SFAS 117 (ASC 958		Las and			
ĕ	27	complete lines 27 through 29, and lines 33 ar Unrestricted net assets	10 34.		1,972,681	. 27	2,033,243.
<u>a</u>	27	Temporarily restricted net assets		-	691,694		880,414.
Net Assets or Fund Balances	28 29	Permanently restricted net assets		F		29	000, 114.
Z Z	23	Organizations that do not follow SFAS 117 (A	ISC 058) check h	ere 🛌 🦰 🕇		23	
Ä		and complete lines 30 through 34.	ioo sooj, check n				
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed		<u> </u>		31	
t A	32	Retained earnings, endowment, accumulated in		nds -		32	
Š	33	Total net assets or fund balances	icomo, or other lui	-	2,664,375		2,913,657.
	34	Total liabilities and net assets/fund balances		F	6,962,364		7,203,484.
	<u> </u>	Total habilities and her assets/fulfu baldfices			0,302,304	., 57	7,203,404.

Form **990** (2014)

Form	990 (2014) REGIONAL ARTS & CULTURE COUNCIL	93-10	<u>59037</u>	Pag	ge 12
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Щ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,131		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,915		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 20.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>2,664</u>		
5	Net unrealized gains (losses) on investments	5	32	<u>2,8</u>	<u>62.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>2,913</u>	3,6	<u>57.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	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 separa	te basis,			
	consolidated basis, or both		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne 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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Employer identification number REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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 hospital's name, 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. J 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 2 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	5,768,755.	7,265,729,	6,389,249,	6,020,594,	6,775,193,	32,219,520.
2	Tax revenues levied for the organ-						1
	ızatıon's benefit and either paid to						
	or expended on its behalf		200,000.	200,000.	625,000.	1 781 000	2,806,000.
3	The value of services or facilities					, <u>, , , , , , , , , , , , , , , , , , </u>	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,768,755,	7 465 729	6,589,249.	6,645,594.	8 556 193.	35,025,520,
5	The portion of total contributions	,,					
	by each person (other than a						
	governmental unit or publicly						1
	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						35 025 520
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			32,023,320.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	5,768,755.	7,465,729.	6,589,249.	6 645 594.	8,556,193.	35,025,520,
8	Gross income from interest,			0,303,225,	0,010,001.	0.330,133.	33,023,320.
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	86 269.	113 938.	112,146.	101,938.	98,064.	512,355.
9	Net income from unrelated business	007203.	213/3301	112,110	101,550.	20,004.	312,333.
3	activities, whether or not the			'			
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)	13,487.	13,788.	4,972.	16,408.	8,263.	56,918.
11		13,107.	13,700	4,514	10,400.	0,205.	35,594,793.
12	Gross receipts from related activities,	etc (see instruction	one)			12 1	,675,066.
13	First five years. If the Form 990 is for	•		d fourth or fifth to	av vear as a sectio		,075,000.
.0	organization, check this box and stop		, mot, cocoma, time	a, 1001th, of mar to	ix year as a sectio	11 30 1(0)(0)	ightharpoonup
Se	ction C. Computation of Publi		rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	ivided by line 11, o	column (fl)		14	98.40 %
15	Public support percentage from 2013		•	~//		15	98.39 %
	33 1/3% support test - 2014. If the c		=	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					,	▶ X
Ŀ	33 1/3% support test - 2013. If the c		-		l line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	_		•		,	▶ 🗀
17a	10% -facts-and-circumstances tes	•	• •		e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ []
	10% -facts-and-circumstances tes				=	17a and line 15 is	10% or
	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ				•		▶ □
12	Private foundation. If the organization			•			
				, , . r , u, u, 17)		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	siow, piedse com	piete i uit ii j		 -		
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and				1,1,1,1		• •
membership fees received (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-				1		
ization's benefit and either paid to						
or expended on its behalf				İ		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					, ,,,,	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			-			
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(4) = 4 / 4	(9) = 0 :	(0) 23 12	(4) 2010	(6) 2014	(i) rotai
10a Gross income from interest,					 	
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						·
11 Net income from unrelated business			-			
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	- 6		L	504()(0)	
14 First five years. If the Form 990 is for	the organization	s tirst, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li			- (6)		145	
16 Public support percentage from 2013			column (I))		15	%
Section D. Computation of Inves					16	%
				·	147	0/
17 Investment income percentage for 20			ie 13, column (f))		17	%
18 Investment income percentage from 2	·	•	on line 14 c==!	15 m	18	%
19a 33 1/3% support tests - 2014. If the						/ is not
more than 33 1/3%, check this box ar	-		•			
b 33 1/3% support tests - 2013. If the						and
line 18 is not more than 33 1/3%, cher					-	▶₩
20 Private foundation. If the organization	n ala not check a	Dox on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Part IV 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, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

O 1: A	All Carana	orting Organization	_
SACTION A	All Silbb	irtina i iraanization	•

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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
- 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 Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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 Part VI 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
- 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 Part VI, 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).
- **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?
- c 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.
- 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)
- 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)
- 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 Part VI.
- **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.
- c 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.
- 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
 - **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)

ı		Yes	No
Ì			
	1		
	2		
	3a		
	3b		
	3c_		
	_4a		
	4b		
1			
	4c		
			-
	5a		
	5b		
	5c		
	6		<u></u>
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
۰ ۵	90 or 90	n_E71	2014

	dule A (Form 990 or 990-EZ) 2014 REGIONAL ARTS & CULTURE			93-1059037 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion 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		
Sect	ion 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		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Mınimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-ıntegra	ted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Sche	dule A (Form 990 or 990-EZ) 2014 REGIONAL ARTS			93-1059037 Page 7
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions_			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(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		Y	
		(i)	(ii)	(ıii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	- Distribution Allocations (See Modulations)		Pre-2014	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			
a		· · · · · · · · · · · · · · · · · · ·		
b				
<u> </u>		- <u>-</u> -		
d				
е	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
!_	Carryover from 2009 not applied (see instructions)			
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			-
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Su	pple	mental l	nform	ation. P	rovide th	ne explanations remation (See inst	equired	by Part	II, line 10, Pa	93-1059037 Pag art II, line 17a or 17b, and Part III, line 12	<u>e 8</u>
SCHEDU	JLE	Α,	PART	II,	LINE	10,	EXPLANAT	NOI	FOR	OTHER	INCOME:	
OTHER	INC	COM	E (\$56	5,91	8)							
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2014**

Open to Public Inspection

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

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

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

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

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

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III		1_	
Nan	ne of organization			Emt	oloyer identification number
_	REGIONA	L ARTS & CULTURE	COUNCIL		93-1059037
P	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
1	Provide a description of the organization	ation's direct and indirect politic	al campaign activities		
2	Political expenditures			> :	\$
3	Volunteer hours				
Ps	art I-B Complete if the ord	janization is exempt und	er section 501(c)	1/3)	
	Enter the amount of any excise tax				\$
2				5 > :	\$
	If the organization incurred a section				Yes No
	Was a correction made?		ioi iiio you.		Yes No
	o If "Yes," describe in Part IV				
	art I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities	\$
	Enter the amount of the filing organ		•		
	exempt function activities		•	> :	\$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here a	and on Form 1120-POL	- ,	
	line 17b			· •	\$NoNo.
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	nployer identification number (El	N) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments For each organiza	tion listed, enter the amount paid	d from the filing organ	zation's funds Also enter t	he amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political org	ganization, such as a separ	ate segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ride information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	delivered to a separate
					political organization. If none, enter -0
		,			
		-			
	<u> </u>				
				-	-
	<u>-</u>				

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 Depart II-A Complete if the org	REGIONAL AR panization is exer	TS & CULTUR npt under section	E COUNCIL n 501(c)(3) and fil	93-1 ed Form 5768 (e	059037 Page 2 lection under
A Check Inf the filing organiza expenses, and share	tion belongs to an affil re of excess lobbying e tion checked box A an	expenditures).		group member's nam	e, address, EIN,
Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ				2,628.	
c Total lobbying expenditures (add li	nes 1a and 1b)			2,628.	
d Other exempt purpose expenditure	es			8,830,395.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		8,833,023.	
f_Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns	591,651.	
If the amount on line 1e, column (a) o	r (b) is:The lob!	oying nontaxable amo	ount is:		
Not over \$500,000	20% of	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)			147,913.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations the	hat made a section 50 See the separa	ite instructions for lin	have to complete all ones 2a through 2f.)	of the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	522,002.	521,809.	477,655.	591,651.	2,113,117.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,169,676.
c Total lobbying expenditures	2,500.	10,382.	2,500.	2,628.	18,010.
d Grassroots nontaxable amount	130,501.	130,452.	119,414.	147,913.	528,280.
e Grassroots ceiling amount (150% of line 2d, column (e))					792,420.

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 E		(a)	(b)
lo	obbying activity.	Yes	No	Amo	ount
	During the year, did the filing organization attempt to influence foreign, national, state or			_	
o	ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
a∨	/olunteers?				
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
d N	Mailings to members, legislators, or the public?				
e F	Publications, or published or broadcast statements?				
f G	Grants to other organizations for lobbying purposes?				
g [Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i C	Other activities?				
jΤ	Total Add lines 1c through 1i				
2a 🛚	Old the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/)/	/=\		
Part	III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or se	ction	
				Yes	No
1 V	Nere substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."				
	Dues, assessments and similar amounts from members		1_1_		
2 9	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
a C	Current year		2a		_
a (Current year Carryover from last year		2b		
a (b (c)	Current year Carryover from last year Fotal		2b 2c		
a (b (c] 3 /	Current year Carryover from last year Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b		
a (b (c] 3	Current year Carryover from last year Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		2b 2c		
a (b (c] 3	Current year Carryover from last year Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		2b 2c 3		
a (b (c] 3	Current year Carryover from last year Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		2b 2c		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

Open to Public Inspection

Name of the organization

Employer identification number

REGIONAL ARTS & CULTURE COUNCIL 93-1059037 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 Yes violations, and enforcement of the conservation easements it holds? 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 > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		L ARTS & C							<u>59037</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	r Othe	r Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a sig	ınıfıcant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	c	1 🔲 L	oan or exc	hange progra	ıms				
b	Scholarly research	e	\Box	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization	on's exem	pt purp	ose in Parl	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or othe	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	_ ,	ete if the	organizatio	n answered '	'Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	ns or other as	sets not I	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabilit	.y?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10)			
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	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 cur	rent year end baland	ce (line 1	g, column (a	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 be should	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ınd admınıste	red for th	e organı	zation		
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	•							3b	
4	Describe in Part XIII the intended uses of the		owment f	funds						
Pai	t VI Land, Buildings, and Equipm		. D- : ":	loo a de co	F 000	David V. 1	40			
	Complete if the organization answere				T			 		
	Description of property	(a) Cost or o			or other		cumulat		(d) Book	value
		basis (invest	menty	Dasis	(other)	aep	reciation	' 		
	Land									
b	Buildings			1 /	E E 2 2			24	110	200
С	Leasehold improvements				5,532.	- 1	55,2			,308.
d	Equipment			35	4,006.		90,9	43.	т р 2	<u>,063.</u>
<u>е</u>		Sevel Forms 000 Seve	1 1 V a = 1: =	nn /D\ /mc :	100)				272	,371.
ıota	. Add lines 1a through 1e (Column (d) must e	equai rorm 990, Pan	. A, COIUN	uri (ඏ), line i	IUC)				<u> 413</u>	<u>, </u>

Schedule D (Form 990) 2014

SCHEDULÈ G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Information a	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.g			ispection
lame of the organization						-	ntification number
REGIONA	L ARTS & CULTURE C	OUN	CIL		93-:	<u> 1059(</u>	<u>037 </u>
Part I Fundraising Activities required to complete this par	. Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, I	ne 17 Form	990-EZ 1	filers are not
1 Indicate whether the organization rais		ng acti	vities	Check all that apply			
a Mail solicitations	· · —	-		overnment grants			
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	using	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	ding o	fficers, directors, trus	stees or	_	
key employees listed in Form 990, P	· · · · · · · · · · · · · · · · · · ·			•		Yes	∟ No
b If "Yes," list the ten highest paid indi		uant to	agre	ements under which	the fundraise	er is to b	e
compensated at least \$5,000 by the	organization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retain fundrais listed in co	ed by) ser	(vi) Amount paid to (or retained by) organization
		Yes	No				
		<u> </u>					
Total List all states in which the organization	an is required at leagued to solicit	oontrib	ution/	or has been petition	d it is events	t from ro	austration
or licensing	of its registered of ilicensed to solicit	COINT	otion.	3 Of Has Deen Hotillet	a it is exemp	· iioiii ic	_
							_
							_
				·			

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GARDEN OF NONE (add col (a) through ARTISTIC DEL col. (c)) (total number) (event type) (event type) Revenue 26,370. <u> 26,370.</u> 1 Gross receipts 18,200. 18,200 2 Less. Contributions 8,170. 8,170 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 500. 500 7 Food and beverages 8 Entertainment 5,342 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990 EZ) 2014 REGIONAL ARTS & CULTURE COUNCIL

93-1059037 Page 2

Schedule G (Form 990 or 990-EZ) 2014

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Sch	nedule G (Form 990 or 990-EZ) 2014 REGIONAL ARTS & CULTURE COUNCIL 93-1	<u>.059037</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
a	a The organization's facility	13a	<u>%</u>
t	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party ►\$		
,	of "Yes," enter name and address of the third party.		
•	Too, end, hame and address of the time party.		
	Name		
	THE PARTY OF THE P		
	Address ►		
	Address V		
16	Gaming manager information		
16	daming manager mornation		
	Name		
	Name >		
	Gaming manager compensation > \$		
	daming manager compensation • • •		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee maependent contractor		
17	Mandaton, dietributions		
	Mandatory distributions		
ě	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	163	140
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Б	organization's own exempt activities during the tax year \$	O Ob 1/	\ <u> </u>
Pä	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, I	nes 9, 9b, 10	, מכו, מנ
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		
_			
		 _	

Schedule G	G (Form 990 or 990-EZ)	REGIONAL ARTS	& CULTURE	COUNCIL	<u>93-1059037 Page 4</u>
Part IV	Supplemental Infor	REGIONAL ARTS rmation (continued)			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

	HIGHIA	IOI about Schedule I	1 OH 11 330) AND 113	HISTINGUISHS IS AL	WWW.IIS.yoviOiliss	٠,	
Name of the organization REGIONAL, ARMS & CIII, TIIRE	ARTS & CU	HATTER COTINCET	11.				Employer identification number 93-1059037
Part I General Information on Grants and Assistance	nd Assistance						00001
1 Does the organization maintain records to substantiate the amount of	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	lion
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? scedures for moni	toring the use of grant	funds in the United	States			X Yes No
#	Domestic Organi	zations and Domestic	: Governments. Constants and the constants and the constants are a second and the constant are a second are a second are a second and the constant are a second and the constant are a second and the constant are a second and the constant are a second and the constant are a second and the constant are a second and the constant are a second are a second are a second and the constant are a second are a second are a second are a second are a second are a second are a second are a second are	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any of if additional space is peopled.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND ART MUSEUM/NORTHWEST FILM CENTER - 1219 S.W. PARK AVENUE - PORTLAND, OR 97205	93-0391604	501(C)3	663,308.	0			GENERAL SUPPORT
OREGON SYMPHONY ASSOCIATION 921 s.w. WASHINGTON STREET, SUITE 2 PORTLAND, OR 97205	93-0446527	501(C)3	543,245.	0.			
PORTLAND CENTER STAGE 128 N.W. 11TH AVENUE PORTLAND, OR 97209	93-1134865	501(C)3	317,129.	0			GENERAL SUPPORT
OPER CARU OR	93-6034321	501(C)3	302,902.	0			GENERAL SUPPORT
OREGON BALLET THEATRE 818 S.E. 6TH AVENUE PORTLAND, OR 97214	93-1009305	501(C)3	190,732,	0			GENERAL SUPPORT
ARTISTS REPERTORY THEATRE 1515 S.W. MORRISON STREET PORTLAND, OR 97205	93-0828781	501(C)3	98 561.	0			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	line 1 table				.89 €
	listed in the line	l table					4.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

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Page 1

Schedule	l (Form 990)	REGIONAL ARTS &	ARTS 8	у,	CULTURE COUNCIL	E COUNCIL	CIL		
Part II	t II Continuation of	Grants and Other Assistance to Gover	Assistance	e to	nment	s and Orga	anizations in the United States (Schedule I (Form 990), Pa), Part II)	

(a) Name and address of (b) EiN (c) IRC section organization or government (a) Amount of (b) Amount of (c) IRC section (d) Amount of (d) Method of (d) Method of (e) Amount of (e) Amount of (f) Method of (d) Method of (e) Amount of (e) Amoun	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CHILDRENS THEATER AND SCHOOL - 1819 N.W. EVERETT STREET - PORTLAND, OR 97209	93-1111344	501(C)3	73,226.	0			GENERAL SUPPORT
LITERARY ARTS, INC. 925 S.W. WASHINGTON STREET PORTLAND, OR 97205	93-0909494	501(C)3	70,918.	0			GENERAL SUPPORT
YOUNG AUDIENCES OF OREGON 1220 S.W. MORRISON STREET, SUITE 10 PORTLAND, OR 97205	93-0521848	501(C)3	68,834.	0			GENERAL SUPPORT
WHITE BIRD 5620 S.W. EDGEMONT PLACE PORTLAND, OR 97239	93-1263353	501(C)3	68,441.	0			GENERAL SUPPORT
	93-1029151	501(C)3	56,864.	0			GENERAL SUPPORT
	93-1074861	501(C)3	55,649.	0.			GENERAL SUPPORT
F 4	20-2012406	501(C)3	48,037.	0			GENERAL SUPPORT
CHAMBER MUSIC NORTHWEST 522 S.W. 5TH AVENUE, SUITE 920 PORTLAND, OR 97204	23-7355562	501(C)3	44,393.	0			GENERAL SUPPORT
	93-0901924	501(C)3	44,152,	0			GENERAL SUPPORT
							Schedule I (Form 990)

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Page 1

	ons in the United States (Schedule I (Form 990), Part II)
COUNCIL	and Organizatı
CULTURE CO	o Governments
لاد	ice t
AL ARTS & C	Assistar
REGIONAL ARTS & CULTURE COUNCIL	of Grants and Other Assistance to
e I (Form 990)	Continuation
Schedul	Part II

(a) Name and address of (b) EIN (c) IRC section or government of assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BODYVOX 1201 N.W. 17TH AVENUE PORTLAND, OR 97209	93-1283107	501(C)3	43,151,	0			GENERAL SUPPORT
ETHOS MUSIC CENTER 2 N. KILLINGSWORTH STREET PORTLAND, OR 97217	91-1954235	501(C)3	41, 427.	0			GENERAL SUPPORT
PORTLAND YOUTH PHILHARMONIC 9320 S.W. BARBUR BLVD, SUITE 140 PORTLAND, OR 97219	93-0386902	501(C)3	39,767.	0			GENERAL SUPPORT
BROADWAY ROSE THEATRE COMPANY P.O. BOX 231004 TIGARD, OR 97281	93-1069099	501(C)3	39,005	0			GENERAL SUPPORT
MIRACLE THEATRE GROUP 525 S.E. STARK STREET PORTLAND, OR 97215	93-0907543	501(C)3	37,773.	0.			GENERAL SUPPORT
LAKEWOOD CENTER FOR THE ARTS 368 S. STATE STREET LAKE OSWEGO, OR 97034	93-0700108	501(C)3	37,320,	0.			GENERAL SUPPORT
THE PORTLAND BALLET 6250 S.W. CAPITOL HIGHWAY PORTLAND. OR 97239	93-1320715	501(C)3	36 238	0			GENERAL, SUPPORT
1 2 2 1	93-1177971	501(C)3	4 4	0			.
METROPOLITAN YOUTH SYMPHONY 4800 S.W. MACADAM AVENUE, SUITE 105 PORTLAND, OR 97239	23-7447279	501(C)3	33,915.	0			GENERAL SUPPORT
							Schedule I (Form 990)

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REGIONAL	of Grants and Other	
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CHAMBER MUSIC 211 S.E. CARUTHERS STREET, SUITE 20 PORTLAND, OR 97214	23-7124336	501(C)3	32,234.	0			GENERAL SUPPORT
IMAGO THEATRE P.O. BOX 15182 PORTLAND, OR 97293	93-0813258	501(C)3	29,389.	0.			GENERAL SUPPORT
TEARS OF JOY THEATRE 323 N.E. WYGANT, UNIT 201 PORTLAND, OR 97211	91-1107572	501(C)3	28,889.	0			GENERAL SUPPORT
PROFILE THEATRE PROJECT P.O. BOX 14845 PORTLAND, OR 97293	91-1786694	501(C)3	28 071.	0			GENERAL SUPPORT
ECHO THEATER COMPANY 1515 S.E. 37TH PORTLAND, OR 97214	93-0682075	501(C)3	25,131.	0			GENERAL SUPPORT
PORTLAND GAY MEN'S CHORUS 812 S.W. WASHINGTON, UNIT 1050 PORTLAND, OR 97205	93-0776616	501(C)3	24,778.	.0			GENERAL SUPPORT
PORTLAND TAIKO 3230 N.E. COLUMBIA BLVD. PORTLAND, OR 97211	93-1309882	501(C)3	24,005.	0			GENERAL SUPPORT
PORTLAND JAZZ FESTIVAL 126 N.E. ALBERTA STREET, SUITE 2 PORTLAND, OR 97211	20-0969679	501(C)3	23,667.	0			GENERAL SUPPORT
WRITE AROUND PORTLAND 133 S.W. 2ND AVENUE, SUITE 304 PORTLAND, OR 97204	84-1482706	501(C)3	22,821,	0			GENERAL SUPPORT Schedule I (Form 990)
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Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). Part II)	ARTS & CI	CULTURE COUNCIL	VII.	nited States (Sche	dule I (Form 990). Par		93-1059037 Page 1
1 1	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHAME ACADEMY 1631 N.E. BROADWAY #134 PORTLAND, OR 97232	93-0991167	501(C)3	21,447.	0			GENERAL SUPPORT
CAPPELLA ROMANA, INC. 1017 S.W. MORRISON STREET, SUITE 31 PORTLAND, OR 97205	93-1124501	501(c)3	20,094.	0			GENERAL SUPPORT
LIVE WIRE! RADIO 3606 N. MISSISSIPPI AVENUE PORTLAND, OR 97227	20-3813278	501(C)3	18,004.	0			GENERAL SUPPORT
PORTLAND PIANO INTERNATIONAL P.O. BOX 6469 PORTLAND, OR 97228	20-2482159	501(C)3	17,860.	0			GENERAL SUPPORT
BLUE SKY GALLERY 122 N.W. 8TH AVENUE PORTLAND, OR 97209	51-0185021	501(C)3	17,840,	0			GENERAL SUPPORT
PORTLAND COLUMBIA SYMPHONY ORCHESTRA - P.O. BOX 6559 - PORTLAND, OR 97228	93-0928813	501(C)3	17,636.	0			GENERAL SUPPORT
	20-0414784	501(C)3	17,466.	.0			GENERAL SUPPORT
INDEPENDENT PUBLISHING RESOURCE CENTER (IPRC) - 1001 S.E. DIVISION STREET, SUITE 2 - PORTLAND, OR 97202	93-1268523	501(C)3	15,778.	.0			GENERAL SUPPORT
THIRD RAIL REPERTORY THEATRE P.O. BOX 96063 PORTLAND, OR 97296	20-0092657	501(C)3	15,577.	0			GENERAL SUPPORT

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Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ARTS & CI Assistance to Go	& CULTURE COUNCIL	LIL nizations in the Ur	ited States (Sche	dule I (Form 990), Pa	;	93-1059037 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISJECTA INTERDISCIPLINARY ART CENTER - 8371 N. INTERSTATE AVENUE - PORTLAND, OR 97217	20-1782610	501(C)3	14,850.	0			GENERAL SUPPORT
CHILDRENS HEALING ART PROJECT (CHAP) - 1910 S.E. 11TH AVENUE - PORTLAND, OR 97214	61-1499793	501(C)3	14,352.	0			GENERAL SUPPORT
BAG & BAGGAGE PRODUCTIONS P.O. BOX 3176 HILLSBORO, OR 97123	56-2650476	501(C)3	14,100.	0			GENERAL SUPPORT
PENDULUM AERIAL ARTS 2146 N.W. VILLAGE CIRCLE PORTLAND, OR 97229	91-1819560	501(C)3	12,745.	0			GENERAL SUPPORT
THIRD ANGLE NEW MUSIC ENSEMBLE P.O. BOX 28225 PORTLAND, OR 97228	93-0918692	501(C)3	12,590.	0.			GENERAL SUPPORT
	51-0458157	501(C)3		0			
KUKATONON CHILDRENS AFRICAN DANCE TROUPE - 240 N, BROADWAY, SUITE 214 - PORTLAND, OR 97227	93-1195546	501(C)3	9,500	0			PROJECT GRANT
BOOM ARTS 431 N.W. FLANDERS STREET, SUITE 100 PORTLAND, OR 97209	47-2199079	501(C)3	9,372.	0			PROJECT GRANT
OREGON REPERTORY SINGERS 5319 S.W. WESTGATE DRIVE, SUITE 134 PORTLAND, OR 97221	51-0185443	501(c)3	8,850,	•0			GENERAL SUPPORT
							Schedule I (Form 990)

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REGIONAL ARTS & CULTURE COUNCIL	f Grants and Other Assistance to Governments and Organizations in
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ule I (Form 990)	Continuation
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(a) Name and address of corporation or government of government or government (b) EIN (c) IRC section or government (d) Amount of cash grant or government (d) Amount of (e) Amount of (f) Method of (d) Amount of (e) Amount of valuation no saluation (d) Amount of (e) Amount of (e) Amount of (e) Am	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND EXPERIMENTAL THEATRE ENSEMBLE (PETE) - 1531 N.E. SCHUYLER STREET, UNIT 5 - PORTLAND, OR 97212	20-0792434	501(C)3	8,400.	0			PROJECT GRANT
JEWISH THEATRE COLLABORATIVE P.O. BOX 42022 PORTLAND, OR 97242	26-4476859	501(C)3	8,072.	0.			PROJECT GRANT
RISK/REWARD 2344 S.E. 53RD AVENUE PORTLAND, OR 97215	46-0628128	<u>501(c)3</u>	7,943.	0.			PROJECT GRANT
CREATIVE MUSIC GUILD 4323 N.E. 18TH AVENUE PORTLAND, OR 97211	93-1120794	501(C)3	7,913.	.0			PROJECT GRANT
PORTLAND COMMUNITY COLLEGE FOUNDATION - P.O. BOX 1900CC 234 - PORTLAND, OR 97280	93-0811291	501(C)3	9 000	0		H	PROJECT GRANT
YALE UNION 800 S.E. 10TH AVENUE PORTLAND, OR 97214	27-0926234	501(C)3	9	0		<u>M</u>	PROJECT GRANT
PORTLAND QUEER DOCUMENTARY FILM FESTIVAL - P.O. BOX 14703 - PORTLAND, OR 97293	20-8599277	LLC/PARTNERSHIP	5,900,	0			PROJECT GRANT
NORTHWEST FILM CENTER 1219 S.W. PARK AVENUE PORTLAND, OR 97205	93-0391604	501(C)3	5,720,	0		Pi	PROJECT GRANT
PORTLAND OREGON WOMENS FILM FESTIVAL (POW FEST) - 1526 N.E. ALBERTA STREET, UNIT 110 - PORTLAND, OR 97211	27-3169761	TIC	5,700.	0		8	GENERAL SUPPORT
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Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ARTS & CL Assistance to Go	CULTURE COUNCIL	IL nizations in the Ur	nted States (Sche	dule I (Form 990), Par		93-1059037 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ART GYM, MARYLHURST UNIVERSITY 17600 PACIFIC HIGHWAY MARYLHURST, OR 97036	93-0634049	501(C)3	.007,2	0			PROJECT GRANT
THE PROJECTS FESTIVAL 4214 S.E. STARK STREET PORTLAND, OR 97215	46-2407814	SOLE PROPRIETOR	5,653.	.0			PROJECT GRANT
ESTACADA ARTS COMMISSION P.O. BOX 958 ESTACADA, OR 97023	93-6002159	GOVERNMENT	5,605.	0			PROJECT GRANT
PORTLAND CHILDREN'S MUSEUM 4015 S.W. CANYON ROAD PORTLAND, OR 97221	93-1278089	501(C)3	5,550.	0			PROJECT GRANT
BEAVERTON ARTS COMMISSION 4755 S.W. GRIFFITH DRIVE BEAVERTON, OR 97005	93-6002125	GOVERNMENT	5,533.	0.0			PROJECT GRANT
IRVINGTON SCHOOL PTA 1320 N.E. BRAZEE PORTLAND, OR 97212	93-0991012	501(C)3	5,400.	.0			PROJECT GRANT
PORTLAND SYMPHONIC CHOIR 1907 N.E. 45TH AVENUE, SUITE 9 PORTLAND, OR 97213	93-0415215	501(C)3	5,400,	0			PROJECT GRANT
THE LIBRARY FOUNDATION 620 S.W. FIFTH AVENUE, SUITE 1025 PORTLAND, OR 97204	93-1190983	501(C)3	5,400.	0.			PROJECT GRANT
DMAE ROBERTS 104 S.E. 57TH AVENUE PORTLAND, OR 97215	11-3819365	SOLE PROPRIETOR	5,280.	0			PROJECT GRANT Schedule I (Form 990)

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	Organizations in the United States (Schedule I (Form 990), Part II)	
REGIONAL ARTS & CULTURE COUNCIL	er Assistance to Governments and Organizations in	
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ARTS	Assistan	
REGIONAL .	n of Grants and Other	
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Schedule	Part II	

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) organization or government (h) Method of (g) (g) IRC section (d) Amount of (e) Amount of (f) Method of (g) (g) IRC section (d) Amount of (g) Method of (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE PRODUCTIONS! 1785 N.E. SANDY BOULEVARD PORTLAND, OR 97232	93-1035820	501(C)3	5,188.	0			PROJECT GRANT
LATE NIGHT LIBRARY 7503 S.E. WOODSTOCK BLVD PORTLAND, OR 97206	45-4889023	501(C)3	5,166.	0			PROJECT GRANT
COLORED PENCILS ART AND CULTURE COUNCIL - 4207 S.E. WOODSTOCK, UNIT 143 - PORTLAND, OR 97206	45-2768329	501(C)3	5,071.	0			PROJECT GRANT
					-		
							Schedule I (Form 990)

93-1059037

Schedule I (Form 990) (2014) REGIONAL ARTS & CULTURE COUNCIL

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance is needed

non- (e) Method of valuation (f) Description of non-cash assistance nce (book, FMV, appraisal, other)	0	Ö	0		Part I, line 2, Part III, column (b), and any other additional information		3Y SUBMITTING AN	JECT OR	EMENTS ARE	ACKNOWLEDGE SUPPORT BY RACC AND	RELATED TO THE	PIENTS ARE	A FINAL BUDGET	
(d) Amount of non- cash assistance					(b), and any ot		IN ADVANCE BY	THE PRO	N REQUIE	SUPPOR		GRANT RECIPIENTS	INCLUDING A	
(c) Amount of cash grant	391 158	57,023.	40,000		e 2, Part III, column		SRANT IN A	BE RECEIVED ONCE THE PROJECT OR	REPORT/EVALUATION REQUIREMENTS	CKNOWLEDGE	ALL PRINTED MATERIALS	GRANT CYCLE, GR	EVALUATION, IN	
(b) Number of recipients	143	57	2				F THEIR GRANT		L REPORT,	S MUST AC	ALL PRIN	THE GRANT	- 1	
(a) Type of grant or assistance	ART/PROJECT	ART/PROFESSIONAL DEVELOPMENT	ART/FELLOWSHIPS		Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	A GRANTEE CAN RECEIVE UP TO HALF OF	INVOICE. THE FINAL BALANCE CAN ONLY	ACTIVITY IS COMPLETED AND ALL FINAL	SUBMITTED TO RACC. GRANT RECIPIENTS MUST	WORK FOR ART (WHEN APPROPRIATE) IN	FUNDED ACTIVITY. AT THE CLOSE OF TH	REQUIRED TO SUBMIT A FINAL REPORT AND	

Schedule I (Form 990) (2014)

432102 10-15-14

Schedule I (Form 990) REGIONAL ARTS & CULTURE COUNCIL Part IV Supplemental Information	93-1059037 Page 2
Part IV Supplemental Information	
DOCUMENTATION IN ORDER TO RECEIVE FINAL PAYMENT.	
	
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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990. **Employer identification number**

REGIONAL ARTS & CULTURE COUNCIL

93-1059037

Par	t I Types of Property									
		(a)	(b)	(c)	de de la comp	1 .	(d)		_	
		Check if	Number of contributions or	Noncash contr amounts repor		1	Method of det cash contribut		_	
		applicable		Form 990, Part V		1011	casii contribut	ion and	Junts	
1	Art - Works of art	Х	11			FAIR	MARKET	VAL	UE	
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles						_			
7	Boats and planes	_								
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock	-				-	•			
11	Securities · Partnership, LLC, or									
	trust interests									
12	Securities · Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial					<u> </u>				
17	Real estate - Other						_			
18	Collectibles							<u> </u>		
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (OUTREACH ITEM)	X	48				<u>MARKET</u>			
26	Other (CATERING)	X	4			+	MARKET			
27	Other (SUPPLIES)	X	6		474.	FAIR	MARKET	VAL	<u>UE</u>	
28	Other (<u> </u>				<u> </u>				
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
							г	\	'es	No
30a	During the year, did the organization receive b									
	must hold for at least three years from the dat	e of the initi	al contribution, an	d which is not requ	uired to be	used for			1	
	exempt purposes for the entire holding period	?					ŀ	30a	\dashv	<u> </u>
b	If "Yes," describe the arrangement in Part II		_							
31	Does the organization have a gift acceptance						ŀ	31	X	
32a	Does the organization hire or use third parties	or related o	rganizations to so	icit, process, or se	ell noncast	1		_		77
	contributions?						}	32a	\dashv	<u> </u>
þ	If "Yes," describe in Part II		_							
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colu	mn (a) is c	necked,				
	describe in Part II		-							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) REGIONAL ARTS & CULTURE COUNCIL	93-1059037 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information	33, and whether the organization ombination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBU	UTIONS RECEIVED.
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

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

Inspection

Name of the organization

REGIONAL ARTS & CULTURE COUNCIL

Employer identification number 93-1059037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE REGIONAL ARTS & CULTURE COUNCIL (RACC) IS AN INDEPENDENT, OREGON NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT PROVIDES SERVICES IN CLACKAMAS, MULTNOMAH, AND WASHINGTON COUNTIES. THROUGH VISION, LEADERSHIP AND SERVICE, THE REGIONAL ARTS & CULTURE COUNCIL WORKS TO INTEGRATE ARTS AND CULTURE IN ALL ASPECTS OF COMMUNITY LIFE. A MAJORITY OF RACC'S FUNDING IS PROVIDED BY A CONTRACT WITH THE CITY OF PORTLAND, WHICH PROVIDED 72% OF THE SUPPORT AND REVENUES IN 2015. OTHER LOCAL FUNDERS INCLUDE MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES, AND METRO, WHICH PROVIDED A COMBINED 8%, INCLUDING AGENCY TRANSACTIONS. FROM THE PRIVATE SECTOR, RACC'S WORKPLACE GIVING PROGRAM PROVIDED 5% OF TOTAL REVENUES IN 2015. DONATIONS FROM BUSINESSES, FOUNDATIONS AND INDIVIDUALS SUPPORTING RACC'S ARTS EDUCATION PROGRAM ACCOUNTED FOR 6%. RACC'S SERVICE AREA INCLUDES MORE THAN 1.5 MILLION RESIDENTS, 250 NOT-FOR-PROFIT ARTS AND CULTURE ORGANIZATIONS, AND COUNTLESS ARTISTS OF EVERY DISCIPLINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY - RACC WORKS AT THE LOCAL, STATE, AND NATIONAL LEVELS TO BUILD AWARENESS, SUPPORT, AND RESOURCES FOR ARTS AND CULTURE. RACC CONVENES FORUMS TO PROMOTE THE IMPORTANCE OF ARTS AND CULTURE, AND PRODUCES RESEARCH TO HELP ILLUSTRATE THEIR IMPACT. RACC ALSO CONDUCTS A

WORKPLACE GIVING PROGRAM ("WORK FOR ART") THAT INTRODUCES THOUSANDS OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART VI, SECTION B, LINE 12C:

1) ALL BOARD MEMBERS RECEIVE THE CONFLICT OF INTEREST POLICY ANNUALLY, IN THEIR BOARD MANUALS, AND ARE REQUIRED TO SIGN AN ACKNOWLEDGMENT OF RECEIPT 432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014) OF THE CONFLICT OF INTEREST POLICY. 2) ALL BOARD MEMBERS ARE ASKED TO SIGN A DISCLOSURE STATEMENT IN WHICH THEY LIST PERCEIVED AND REAL CONFLICTS OF INTEREST WITH ANY ORGANIZATIONS THAT RECEIVE GENERAL SUPPORT GRANTS. 3) AT THE END OF EACH FISCAL YEAR, ALL BOARD MEMBERS AND OFFICERS (INCLUDING EXECUTIVE DIRECTOR AND DIRECTOR OF OPERATIONS/CFO) RECEIVE A BOARD DISCLOSURE QUESTIONNAIRE AND ARE ASKED TO INDICATE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OFFICERS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND HIGHEST COMPENSATED PROFESSIONAL AND INDEPENDENT CONTRACTORS, AS WELL AS INDICATING IF THEY HAVE ENAGED IN TRANSACTIONS WITH THE ORGANIZATION OR A TAXABLE ORGANIZATION THAT HAS ENGAGED IN BUSINESS TRANSACTIONS WITH THE ORGANIZATION, OR IF THEY HAVE RECEIVED COMPENSATION IN EXCESS OF 1% OF THE ORGANIZATION'S REVENUES. STAFF FOLLOW-UP WITH BOARD MEMBERS TO ENSURE THE ORGANIZATION RECEIVES AS MANY COMPLETED QUESTIONNAIRES AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR (E.D.) COMPLETES A SELF-EVALUATION AND HAS AN INFORMAL MEETING WITH THE BOARD CHAIR. NEXT, THE E.D. HAS A FORMAL MEETING WITH THE BOARD CHAIR AND VICE-CHAIR TO REVIEW HER PERFORMANCE EVALUATION AND SET NEW GOALS FOR THE UPCOMING FISCAL YEAR. IN EXECUTIVE SESSION, THE EXECUTIVE COMMITTEE AND FULL BOARD REVIEW AND APPROVE THE E.D.'S PERFORMANCE EVALUATION AND GOALS, AND COMPENSATION IS BASED UPON RESEARCH CONDUCTED BY THE BOARD CHAIR IN SPRING 2015. THE FULL BOARD APPROVES COMPENSATION FOR ALL EMPLOYEES, INCLUDING THE E.D. AND DIRECTOR OF OPERATIONS, IN THE ANNUAL BUDGET.

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

COMPENSATION IS DETERMINED BASED UPON AN ANNUAL PERFORMANCE REVIEW

Name of the organization REGIONAL ARTS & CULTURE COUNCIL	Employer identification number 93-1059037
CONDUCTED BY THE EXECUTIVE DIRECTOR.	<u> </u>
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY	ARE AVAILABLE UPON
REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TH	ROUGH OUR ANNUAL
REPORT, WHICH IS MAILED TO CONTRIBUTORS AND POSTED ON O	UR WEBSITE FOR THE
GENERAL PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTIST FEES:	
PROGRAM SERVICE EXPENSES	1,029,037.
MANAGEMENT AND GENERAL EXPENSES	202.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,029,239.
IMPLEMENTATION PARTNER:	
PROGRAM SERVICE EXPENSES	126,578.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	126,578.
CULTURAL TOURISM:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	400 000
SUBSTITUTE TEACHERS:	
400040	chedule O (Form 990 or 990-EZ) (2014

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Employer identification number
REGIONAL ARTS & CULTURE COUNCIL	93-1059037
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	56,733.
ORGANIZATIONAL DEVELOPMENT FOR GRANTEES:	
PROGRAM SERVICE EXPENSES	28,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,500.
PROGRAM EVALUATION:	
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	
TOTAL EXPENSES	
TEACHER PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	62,001.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,001.
WORKSHOP PRESENTERS:	
	20.046
PROGRAM SERVICE EXPENSES	20,946.
MANAGEMENT AND GENERAL EXPENSES	1,691.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 432212 08-27-14 5.4	22,637. Schedule O (Form 990 or 990-EZ) (2014)

576.

Schedule O (Form 990 or 990-EZ) (2014)

MANAGEMENT AND GENERAL EXPENSES

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page Employer identification number
REGIONAL ARTS & CULTURE COUNCIL	93-1059037
FUNDRAISING EXPENSES	1,552
TOTAL EXPENSES	101,764
HR AND EMPLOYMENT SERVICES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	15,745
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	15,745
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,722,493
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