

To the Board of Directors and Executive Director of Springfield Regional Arts Council

In planning and performing our audit of the financial statements of Springfield Regional Arts Council as of and for the year ended June 30, 2014, in accordance with auditing standards generally accepted in the United States of America, we considered Springfield Regional Arts Council's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses and other deficiencies that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the organization's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the following deficiencies in Springfield Regional Arts Council's internal control to be material weaknesses:

The Organization's segregation of duties are not effectively designed and implemented due to the size of the accounting and administrative staff. In addition, there is a missing level of formal management review within the Organization.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in Springfield Regional Arts Council's internal control to be significant deficiencies:

The fixed asset schedule had not been internally updated in over three years. This caused a material adjustment to fixed assets at June 30, 2014. We recommend the fixed asset schedule be regularly updated and maintained.

During testwork, several agreements were not on file, including fiscal sponsorship agreements, endowment agreements and employment contracts. We recommend an improved system to track and file important agreements.

During payroll testwork, four timesheets sampled had no approval signature. This situation dictates that the Board of Directors remains involved in the financial affairs of the Organization to provide oversight and independent review functions. We recommend the Organization take steps to segregate duties and formal review to help protect Organization assets

This communication is intended solely for the information and use of management the board of directors, and others within the organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

York & Hopp CPAs

Springfield, Missouri

York & Hopp CPAs

January 5, 2015

Springfield Regional Arts Council

Independent Auditor's Report and Financial Statements

June 30, 2014



Springfield Regional Arts Council June 30, 2014

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Independent Auditors' Report

To the Board of Directors of Springfield Regional Arts Council

We have audited the accompanying financial statements of Springfield Regional Arts Council (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Springfield Regional Arts Council as of June 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of administrative expenses on page 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Springfield, Missouri

York & Hopp CPAs

January 5, 2015

Springfield Regional Arts Council Statement of Financial Position June 30, 2014

Assets

Current Assets	
Cash and cash equivalents	\$ 94,880
Investments - temporarily restricted	224,097
Investments - permanently restricted	186,897
Accounts receivable	15,822
Prepaid expenses	 7,623
Total Current Assets	529,319
Noncurrent Assets	
Equipment and furniture	199,060
Less Accumulated depreciation	 (163,860)
Total Noncurrent Assets	35,200
Total Assets	\$ 564,519
Liabilities and Net Assets	
Current Liabilities	
Accrued payroll liabilities	\$ 8,515
Accrued vacation and sick leave	3,489
Deferred revenue	1,250
Other liabilities	 2,694
Total Current Liabilities	 15,948
Net Assets	
Unrestricted - undesignated	110,176
Unrestricted - board designated	 6,862
Total unrestricted net assets	117,038
Temporarily restricted	244,636
Permanently restricted	 186,897
Total Net Assets	 548,571
Total Liabilities and Net Assets	\$ 564,519

Springfield Regional Arts Council Statement of Activities For the Year Ended June 30, 2014

Public Support and Revenue Public Support	<u>Un</u>	<u>restricted</u>		nporarily estricted		manently estricted		<u>Total</u>
Artsfest	\$	117,225	\$	_	\$	_	\$	117,225
Eclectic Endeavors	Y	-	Y	8,621	Y	_	Y	8,621
Fresh		_		50,750		_		50,750
LemonDrop		_		14,427		_		14,427
First Night		30,011				_		30,011
First Friday Art Walk		15,360		-		_		15,360
Claymobile		6,371		_		_		6,371
Film		-		2,510		-		2,510
SRAC Programs		54,577		-		-		54,577
Operating		118,597				60,895		179,492
Grants								
Film		-		3,980		-		3,980
First Night		3,000		-		-		3,000
ideaXfactory		3,310		-		-		3,310
SRAC Programs		23,789		-		-		23,789
Operating		11,289	_	-		-		11,289
Total Public Support		383,529		80,288		60,895		524,712
Revenue								
Interest & dividend income		-		4,361		-		4,361
Investment gain		-		26,025		-		26,025
Total Revenue		-		30,386		-		30,386
Net Assets released from restrictions								
Restrictions satisfied		84,895		(84,895)		-		-
Total Public Support and Revenue	\$	468,424	\$	25,779	\$	60,895	\$	555,098

Springfield Regional Arts Council Statement of Activities (Continued) For the Year Ended June 30, 2014

Expenses Program Expenses	<u>Un</u>	restricted	mporarily estricted		rmanently estricted	<u>Total</u>
				_		
Artsfest	\$	39,341	\$ -	\$	-	\$ 39,341
First Night		20,240	-		-	20,240
Eclectic Endeavors		8,356	-		-	8,356
Fresh		47,760	-		-	47,760
LemonDrop		14,641	-		-	14,641
Film		5,187	-		-	5,187
Event Production		43,999	-		-	43,999
Claymobile		9,691	-		-	9,691
ideaXfactory		2,710	-		-	2,710
Virtual GOAT		662	-		-	662
SRAC Programs		125,389	-		-	 125,389
Total Program Expenses		317,976	-		-	317,976
Administrative Expenses		200,518	-		-	200,518
Loss on sale of assets		301				301
Total Expenses		518,795	-		-	518,795
Change in Net Assets		(50,371)	25,779		60,895	36,303
Net Assets, Beginning of Year		167,409	 218,857		126,002	512,268
Net Assets, End of Year	\$	117,038	\$ 244,636	\$	186,897	\$ 548,571

Springfield Regional Arts Council Statement of Cash Flows For the Year Ended June 30, 2014

Operating Activities	
Change in net assets	\$ 36,303
Adjustments to reconcile change in net assets to net cash and cash equivalents	
provided by operating activities	
Depreciation	18,724
Loss on sale of equipment	301
Decrease in operating assets:	
Accounts receivable	6,243
Prepaid expenss	24
Increase (decrease) in operating liabilities:	
Other liabilites	(2,484)
Deferred revenue	1,250
Accrued payroll liabilities	(2,634)
Accrued vacation and sick leave	3,489
Net cash and cash equivalents provided by operating activities	 61,216
Investing Activities	
Disbursements from endowments	6,355
Purchases of investments	(121,225)
Purchases of property and equipment	(2,599)
Net cash and cash equivalents used in investing activities	 (117,469)
Net Decrease in cash and cash equivalents	(56,253)
Cash and cash equivalents, Beginning of Year	 151,133
Cash and cash equivalents, End of Year	\$ 94,880

Note 1 - Nature of Organization

The Springfield Regional Arts Council was established in 1978 for the purpose of fostering cultural and educational opportunities in the arts. The mission of the Organization is to enrich the cultural life in the Springfield region through leadership that develops, supports and strengthens the arts and allows accessibility to all residents.

The Springfield Regional Arts Council is primarily responsible for implementing the Community Cultural Plan and is funded through membership, donations, grants and sponsorships. The Organization sponsors several festivals each year, such as *Artsfest*, which is held the first weekend in May, and *First Night*, which is held on December 31.

The Springfield Regional Arts Council serves as a fiscal sponsor for: Missouri Film Alliance of Springfield, Eclectic Endeavors, LemonDrop and Fresh Gallery.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Basis of Presentation

The Organization prepares its financial statements in accordance with the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC). The Organization is required to report information regarding its financial position and activities according to three classes of net assets. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets include resources available for the general operations of the Organization or designated by the board of directors for a specific use.

Temporarily Restricted Net Assets include resources subject to donor-imposed purpose or time restrictions that have not yet been met, but for which the ultimate purpose of the proceeds is not permanently restricted. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted Net Assets include resources that donors have specified must be maintained in perpetuity. The related income may be expended for such purposes as specified by the donor, or if none, then for the general purpose of the Organization.

Note 2 – Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all highly liquid investments available for current use with an original maturity of three months or less to be cash equivalents. At June 30, 2014, there was \$49,817 of cash equivalents within the cash balances presented in the accompanying statement of financial position.

Accounts Receivable

Accounts receivable are reflected net of estimated uncollectible amounts. No provision has been made for uncollectible accounts, as management considers all accounts to be currently collectible. Uncollectible accounts are expensed on an individual basis when they are deemed to no longer be collectible. Accounts receivable consist of funds due from various exhibitors totaling \$15,822 at June 30, 2014.

Property and Equipment

Depreciable assets are carried at cost or, if donated, at the approximate fair value at the date of donation. All costs for property and equipment greater than \$500 and with depreciable lives greater than one year are capitalized. Upon disposal of fixed assets, the costs and accumulated depreciation are removed from the accounts, and the resulting gain or loss, if any is included in the accompanying statements of activities.

Depreciation is charged to expense using the straight-line method over the estimated useful lives of the assets. Expenditures for repairs and maintenance are charged to expense as incurred, and additions and improvements that significantly extend the lives of assets are capitalized at cost.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Equipment 3 – 10 years Vehicles 10 years

Compensated Absences

The Organization accrues a liability for accumulated vacation and sick leave for its employees. Full time employees earn up to fifteen paid vacation days and twelve sick days each fiscal year. Vacation days can accrue up to twice the amount earned in one year and sick days can be accrued up to forty days and be used the following fiscal year. Employees are entitled to receive payment for unused vacation. After 15 years of continuous full time employment, employees are entitled to receive payment for unused sick leave upon termination.

Note 2 – Summary of Significant Accounting Policies (Continued)

Tax Exempt Status

The Springfield Regional Arts Council is a tax exempt organization under Internal Revenue Code Section 501(c)(3) and, as such, is not subject to income taxes on income received for exempt purposes. Federal law imposes tax on income that is not related to an organization's tax-exempt purpose or otherwise excluded under the code.

The Organization has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, determine its filing and tax obligations, and to review other matters that may be considered tax positions. Management of the Organization believes that all positions taken in those returns would be sustained if examined by taxing authorities. The Organization's tax returns remain subject to audit by the IRS for three years after filing. At June 30, 2014, the returns for tax years 2011, 2012, and 2013 remain open.

Revenue Recognition

The Organization recognizes contributions when received and considered them to be available for use without restriction unless the donor stipulates otherwise. Restricted grants or contributions whose restrictions are met during the same reporting period are recognized as unrestricted revenue.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted net assets depending on the existence or nature of any donor restrictions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporary restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization chooses to show restricted contributions whose restrictions are met in the same reporting period as restricted contributions and a reclassification.

The Organization reports donations of real property as unrestricted support unless explicit donor stipulations specify how the donated assets must be used.

Donated Services

ASC 958-605-25 defines the criteria for the inclusion of donated services within the financial statements as those requiring technical expertise that would be purchased if not donated. The Springfield Regional Arts Council did not have services donated during the year ended June 30, 2014.

Advertising

The Organization incurs various advertising costs and they are expensed as incurred. Total advertising expense was \$5,950 for the year ended June 30, 2014.

Fundraising Expenses

Revenue from fundraisers is stated separately on the Statement of Activities. Gross fundraising revenue was \$162,596 and direct costs were \$59,581 for the year ended June 30, 2014.

Note 2 – Summary of Significant Accounting Policies (Continued)

Subsequent Events

Subsequent events have been evaluated through January 5, 2015, the date which the financial statements were available to be issued.

Reclassifications

Certain information from prior year financial statements has been reclassified to conform to the current year presentation format.

Note 3- Endowment Funds

The Organization's investments include various endowment funds held at the Community Foundation of the Ozarks, Inc. The accounts are recorded at fair value on a recurring basis during the year ended June 30, 2014 using quoted prices in active markets.

Interpretation of Relevant Law

The Board of Directors have interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the organization and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effect of inflation and deflation
- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the organization
- 7. The investment policies of the organization

Return Objectives

The Organization has adopted investment and spending policies for endowment assets that attempt to maintain the purchasing power of the endowment assets, while allowing for a predictable stream of funding to operations, if needed. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period. Under this methodology, the endowment assets are invested in a manner that is intended to produce positive results.

Note 3- Endowment Funds (Continued)

Strategies Employed for Achieving Objectives

To satisfy its long term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Spending Policy

The Organization follows the donor's stipulation in regard to endowment funds, which requires the original gift to be held in perpetuity and the income and appreciation earned to be used for operating assets, if needed. The Organization retains the option to appropriate for expenditure the income and appreciation earned above and beyond the original gift. However, consistent with prior years' results, the Organization continues to follow a policy of long-term asset growth. For the year ended June 30, 2014, the Arts in Education Endowment had \$6,355 released from the endowment for expenditure.

Investments at June 30, 2014, consisted of the following:

Temporarily Restricted			-	<u>Total</u>
\$	156,342	\$	-	\$ 156,342
	13,438		104,530	117,968
	41,381		50,354	91,735
	3,167		-	3,167
	9,769		32,013	41,782
\$	224,097	\$	186,897	\$ 410,994
	R (Restricted \$ 156,342	Restricted R \$ 156,342 \$ 13,438 41,381 3,167 9,769	Restricted Restricted \$ 156,342 \$ - 13,438 104,530 41,381 50,354 3,167 - 9,769 32,013

The changes in endowment net assets for the year ended June 30, 2014 were:

					Inv	estment	Inv	<u>estment</u>		Realized	Unrealized	<u>L</u>
	6/	30/2013	Con	tributions	<u>lı</u>	ncome		<u>Fees</u>	Distributions	<u>Gain</u>	<u>Gain</u>	6/30/2014
Springfield Regional Arts Council Fund	\$	123,313	\$	32,541	\$	1,364	\$	(876)	\$ -	\$ -	\$ -	\$ 156,342
Creamery Arts Center Endowment		66,351		40,160		1,211		(720)	-	552	10,414	117,968
Cultural Trust Fund Endowment		78,572		2,381		1,183		(662)	-	590	9,671	91,735
MFAS Fund Endowment		3,156		-		30		(19)	-	-	-	3,167
Arts in Education Endowment		24,731		18,354		573		(318)	(6,355	302	4,495	41,782
	\$	296,123	\$	93,436	\$	4,361	\$	(2,595)	\$ (6,355	\$1,444	\$ 24,580	\$ 410,994

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identified assets and have the highest priority, Level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets, Level 3 assets have the lowest priority. For the year ended June 30, 2014, the Organization had no Level 2 or 3 investments.

Note 4- Property and Equipment

Major classifications of property and equipment, stated at cost, are as follows:

Equipment	\$ 157,322
Vehicles	41,738
	199,060
Less accumulated depreciation	(163,860)
Net property and equipment	\$ 35,200

Depreciation expense amounted to \$18,724 for the year ended June 30, 2014.

Note 5 - Employee Benefits

The Springfield Regional Arts Council maintains a Simple IRA retirement plan that covers all full-time employees. The Organization matches employee contributions up to 3% of eligible compensation. Employer matching contributions for the year ended June 30, 2014 was \$1,239.

The Organization's liability for compensated absences of their employees was \$3,489 as of June 30, 2014. This represents amounts owed to employees under the Organization's paid vacation and sick leave policies, which are described in *Note 2*.

Note 6 – Net Asset Designations and Restrictions

Unrestricted net assets are designated for the following purpose at June 30, 2014:

Virtual GOAT	\$ 1,154
Claymobile	1,435
ideaXfactory	1,406
Movies at Founders	921
CFO Scholarship	500
CFO Fabrication	596
SATO 48 Hour Challenge	850
Board Designated Unrestricted Net Assets	\$ 6,862

Note 6 – Net Asset Designations and Restrictions (Continued)

Restricted net assets consist of the following at June 30, 2014:

	Temporarily Restricted	Permanently Restricted	Total Restricted
Arts in Education Endowment	\$ 9,769	\$ 32,013	\$ 41,782
MFAS Fund Endowment	3,167	-	3,167
Springfield Regional Arts Council Fund	156,342	-	156,342
Creamery Arts Center Endowment	13,438	104,530	117,968
Cultural Trust Endowment	41,381	50,354	91,735
Fresh	6,063	-	6,063
Eclectic Endeavors	757	-	757
MFAS	13,719		13,719
Temporarily Restricted Net Assets	\$ 244,636	\$ 186,897	\$ 431,533

Note 7 – Lease Commitments

The Springfield Regional Arts Council conducts its operations from a building that is leased under an operating lease agreement with the City of Springfield, Missouri at annual rate of \$10. The lease expires May 31, 2020 and has options to renew for additional periods beyond the current lease period.

The Organization entered into a contract with various arts organizations to sublease space at the Creamery Arts Center. Each organization will provide annual rent of \$10 to the Organization on July 1 of each year. Each lease is effective for one year and has options to renew for additional periods beyond the current lease period. The current tenants include Springfield Symphony Association, Inc, Springfield Regional Opera, Inc, Springfield Ballet, Inc and Care to Learn.

The Organization entered into a contract with Men's Chorus of the Ozarks to sublease space at the Creamery Arts Center. Men's Chorus of the Ozarks will provide annual rent of \$165 to the Organization on July 1 of each year. The lease is effective for one year and has options to renew for additional periods beyond the current lease period.

The Organization entered into a contract with Nathan and Jennifer Falter, doing business as Springfield Pottery to lease Claymobile, in exchange for a portion of the revenue generated. The lease is effective for one year and has options to renew for additional periods beyond the current lease period.

Note 7 – Lease Commitments (Continued)

The following table presents future minimum lease payments under the above operating leases with initial or remaining periods of one year or more at June 30, 2014:

For Year Ended June 30,	Am	<u>ount</u>
2015	\$	10
2016		10
2017		10
2018		10
2019		10
	\$	50

Note 8 – Concentrations of Risk

The Organization conducts operations solely in Southwest Missouri and, therefore, is subject to risks from changes in local economic conditions. The Organization's two primary fundraisers are outdoor events and are highly susceptible to seasonal weather conditions.

At June 30, 2014, cash in banks did not exceed federally insured amounts by the FDIC.

Current Economic Conditions

The current economic conditions continue to present nonprofit organizations with circumstances and challenges, which in some cases have resulted in slower collection of accounts receivable, decreased donations, and declining memberships, in effect impacting total revenue.

SUPPLEMENTARY INFORMATION

Springfield Regional Arts Council Schedule of Administrative Expenses For the Year Ended June 30, 2014

Salaries	\$ 64,312
Payroll taxes	5,923
Employee benefits	10,029
Contract Labor	27,595
Advertising	2,303
Accounting	10,940
Cleaning and maintenance	3,515
Fees	3,446
Depreciation	18,724
Repairs	1,891
Food supplies	1,010
Business insurance	8,783
Gifts and awards	1,697
Website	1,226
Mileage	1,190
Supplies and materials	2,257
Postage	786
Printing and copying	1,104
Purchases for resale	644
Utilities	25,856
Publications	1,428
Telephone	3,266
Travel and training	1,332
Sponsorships expense	1,029
Miscellaneous	232
	\$ 200,518
	+ ===,010

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	ne 2013 calen	dar year, or tax	year begi	inning Ju]	1 1	, 2013	, and ending	Jun	30	,	2014	
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		TVCt difficiated	business taxabi	C IIICOIIIC I	101111 01111 00	30-1, IIIIC 3 4			_	rior Year	7.5	Current Y	/oar
	8	Contributions	and grants (Part	t VIII line 1	1h)				<u> </u>	188,9	76		7,960.
Revenue	_		ice revenue (Par							439,5			,,167.
Ve		-	come (Part VIII,								58.		,386.
æ			e (Part VIII, colu							-2,3			,417.
			- add lines 8 th	1 7			,			626,7			,096.
	13		milar amounts pa								0.	-	
	14		to or for membe								0.		-
	15		r compensation,							145,2		124	,444.
Expenses	16 a		undraising fees								0.		,
en	h		_								<u> </u>		
X	4-10		ing expenses (P					0.		440 5		0.50	0.50
			es (Part IX, colu							419,5			,960.
	18		es. Add lines 13-		-	, ,	•			564,8			,404.
5 8	19	Revenue less	expenses. Subt	ract line 18	8 from line 12	2				61,9			,692.
anc		-	5 () ()						Beginnir	ng of Currer		End of Y	
Ass	20	,	Part X, line 16)							528,5			,519.
Net Assets or Fund Balances	21		(Part X, line 26							16,7			,948.
	22		fund balances. S	Subtract lin	ne 21 from lir	ne 20				511,8	79.	548	,571.
	rt II	Signatur		7									
Unde	er penalt olete. De	ies of perjury, I dec eclaration of prepare	lare that I have examer (other than officer)	ined this return is based on al	n, including acco Il information of v	mpanying schedu which preparer has	les and statements any knowledge.	s, and to the best	of my knowl	ledge and bel	ief, it is true	e, correct, and	
o:.		Signatu	re of officer						Da	te			
Siç He	jn ro			ımın					EVECT	TOT 7 TO T		IIOD	
пе	16		DIE FORRES print name and title.	TER					EXECU	JTIVE I	JIREC.	IOR	
			reparer's name		Preparer's si	ignature		Date		Chook	;, P	TIN	
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ivia	y the II	rs aiscuss this	s return with the	preparer s	snown above	er (see instruc	uons)					X Yes	No

4 e Total program service expenses > Form **990** (2013) BAA TEEA0102 07/02/13

302,906.

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5		5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
١	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c 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	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
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 (see instructions)	17		Х
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	Х	
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) SPRINGFIELD REGIONAL ARTS 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 organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
		21		21
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a 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		Х
	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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 so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III.	27		Х
28				
	instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? <i>If</i> 'Yes,' complete Schedule L, Part IV	20-		X
		28a		Λ
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		29		X
30		25		21
00	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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	Х	

BAA Form **990** (2013)

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	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	d repor	table gaming	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	7			
k	of at least one is reported on line 2a, did the organization file all required federal employment tax re		•	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructi					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3 a		X
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial			4 a		Х
	If 'Yes,' enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	cial Acc	counts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5 a		X
k	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	sactio	n?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?			6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?			6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?			7 a	Х	
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	t was r	equired to file	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it conti	ract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontract	?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form	8899	7 g		
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization	n file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have enholdings at any time during the year?	ng org	anizations. Did the business	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9 a		
k	Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
k	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11 a				
k	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10)41?	12 a		
k	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13 a		
	$\textbf{Note.} \ \ \textbf{See the instructions for additional information the organization must report on Schedule O}.$					
k	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b				
c	Enter the amount of reserves on hand	13 c				
14 a	Did the organization receive any payments for indoor tanning services during the tax year?			14 a		X
k	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	ule O .	<u></u>	14 b		

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Denter the number of voting members included in line 1a, above, who are independent			
2	officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
/ a	members of the governing body?	7 a		Х
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
k	Each committee with authority to act on behalf of the governing body?	8 b	Χ	
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 Reven	ue C	ode.))
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
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?	10 b		ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	42.0	v	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12 a	Х	
	to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a		Х
	Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
k	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	''			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
	LESLIE FORRESTER 411 N SHERMAN PARKWAY SPRINGFIELD MO 65802 (4	<u> </u>	362-2	<u> 2787</u>

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

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

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

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

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

				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	x, ùnl	ess pe	erson	more the is both /trustee	an)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_LOUISE_KNAUERPRESIDENT	_2.00	Х						0.	0.	0.
(2) JONATHAN GANO	2.00	Λ						0.	0.	<u> </u>
VICE PRESIDENT		Х						0.	0.	0.
(3) PAM RUBERT	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(4) JEFF_CUMLEY	2.00									
EX-OFFICIO		X						0.	0.	0.
(5) ERICA SMITH	2.00	V						0.	0.	0.
TREASURER (6) SALLY BAIRD	2.00	X						0.	0.	0.
SECRETARY	2.00	Х						0.	0.	0.
(7) KRISTY CHASTAIN	2.00	21						0.	0.	<u> </u>
BOARD MEMBER		Х						0.	0.	0.
(8) GENNY CRAMER	2.00									
BOARD MEMBER	7	Х						0.	0.	0.
(9) JENNY FILLMER EDWARDS	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) LYLE FOSTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DEREK FRALEY	_2.00									_
BOARD MEMBER	0 00	Х						0.	0.	0.
(12) MICHAEL FREELANDER BOARD MEMBER	2.00	Х						0.	0.	0.
(13) PENNY GORDON-CHUMBLEY	2.00							<u> </u>	<u> </u>	<u> </u>
BOARD MEMBER]	Х						0.	0.	0.
(14) JON HERBERT	2.00									
BOARD MEMBER		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees,	Key	Em	plo	oye	es,	and	d Highest Con	pensated Emp	loyee	S (contin	nued)
	(B)			(C	•							
(A) Name and title	Average hours per week	box	not che unless cer and	s per d a d	rson i: lirecto	s both or/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	꾥	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org an	pensation rom the anization d related anizations	
(15) ANDREW JARED BOARD MEMBER	2.00	Х						0.	0.			0.
(16) CINDY LEAR	2.00							0.	0.			
BOARD MEMBER	1 =	Х						0.	0.			0.
(17) JIM LOHMEYER	2.00											
BOARD MEMBER	1	Х						0.	0.			0.
(18) GARY MOSS	2.00											
BOARD MEMBER	1	Х						0.	0.			0.
(19) HEATHER ROONEY MCBRIDE	2.00											
BOARD MEMBER		Х						0.	0.			0.
(20) MEGANNE ROSEN O'NEAL	2.00											
BOARD MEMBER		Χ						0.	0.			0.
(21) JOHN STEINBERG	2.00											
BOARD MEMBER		Х						0.	0.			0.
(22) RACHEL JAMIESON	2.00											•
BOARD MEMBER	40.00	X						0.	0.			0.
(23) LEAH HAMILTON EXECUTIVE DIRECTOR	40.00			Х				0.	0.			0
(24) LESLIE FORRESTER	40.00			21				0.	0.			0.
EXECUTIVE DIRECTOR	10.00			Х				0.	0.			0.
(25)												
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, Section	1 A											
d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	abov	ve)	who	rece	eive	d more than \$100,0	000 of reportable con	npensa	tion	
3 Did the organization list any former officer, director, or											Yes	No
on line 1a? If 'Yes,' complete Schedule J for such indFor any individual listed on line 1a, is the sum of repo										. 3		X
the organization and related organizations greater that such individual							•			. 4		Х
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? <i>If 'Yes,' co</i>	mpensati <i>mplete</i> S	on fro	om ar lule J	ny ι <i>for</i>	unre suc	lated h per	org rson	ganization or individ	dual 	. 5		Х
Complete this table for your five highest compensate compensation from the organization. Report compensation.										ar.		
(A) Name and business addres	ss							(B) Description o			C) ensation	1
											-	
· ·												
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not lim	nited	to tho	ose	liste	d ab	ove) who received mo	re than			

Form 990 (2013) SPRINGFIELD REGIONAL ARTS COUNCIL Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any l	ine in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$				
<u>ა</u> ≪	h Total. Add lines 1a-1f	237,960.			
REVENUE	2a ARTS PROGRAMS 711300 b	277,167.	277,167.	0.	0.
SRAM SERVICE	c d e f All other program service revenue				
Š	g Total. Add lines 2a-2f	277,167.			
	3 Investment income (including dividends, interest and other similar amounts)	30,386.	30,386.	0.	0.
	5 Royalties	-			
	d Net rental income or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including . \$ 13,100. of contributions reported on line 1c). See Part IV, line 18 a 9,585. b Less: direct expenses b 14,002.				
J	c Net income or (loss) from fundraising events	-4,417.		0.	-4,417.
	9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b	_			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue Business Code				
	11a b c				
	d All other revenue				
	e Total. Add lines 11a-11d	-			
	12 Total revenue. See instructions	541.096.	307.553.	0.	-4.417.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do i	not include amounts reported on lines 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	105,353.	41,041.	64,312.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,029.	0.	10,029.	0.
10	Payroll taxes	9,062.	3,139.	5,923.	0.
11	Fees for services (non-employees):				
а	Management				
k	Legal				
c	Accounting	11,540.	600.	10,940.	0.
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,406.	1,144.	262.	0.
12	Advertising and promotion	5,410.	3,370.	2,040.	0.
13	Office expenses	12,684.	3,349.	9,335.	0.
14	Information technology	2,318.	792.	1,526.	0.
15	Royalties	=,==:		_,	
16	Occupancy	82,483.	57,145.	25,338.	0.
17	Travel	2,566.	104.	2,462.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_,,,,,			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,724.	0.	18,724.	0.
23 24	Insurance	11,960.	2,712.	9,248.	0.
a	CONTRACT_LABOR	51,130.	23,535.	27.595.	0.
	P EVENT PRODUCTION	45.031.	45.031.	0.	0.
	ADMINISTRATIVE EXPENSE	600.	0.	600.	0.
c		18.728.	18.728.	0.00	0.
	All other expenses	115,380.	102,216.	13,164.	0.
	Total functional expenses. Add lines 1 through 24e	504,404.	302,906.	201,498.	0.
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 Lift following				
	SOP 98-2 (ASC 958-720)	_ ^ I		^ 1	^

Part X Balance Sheet

(A) (B) Beginning of year End of year 1 94,880. 151,133 2 2 3 3 4 22,065 15,822 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 7 8 Prepaid expenses and deferred charges 7,647 9 7,623 Land, buildings, and equipment: cost or other basis. 10 a ,060 10 b 10 c 163,860 51,626 35,200 11 296,124 11 410,994 Investments - other securities. See Part IV, line 11 12 12 Investments – program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 528 595 16 564,519 17 16,146 17 14,698. 18 18 19 19 1,250 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 570 25 26 Total liabilities. Add lines 17 through 25........ 716 26 15,948 16 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 382,096 27 117,038. 51, 28 210 28 244,636. 29 78,573 29 186,897 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 511,879 33 548,571 34 528. 595 34 564,519

BAA Form **990** (2013)

Par	t XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	5	41,0	196.
2	Total	expenses (must equal Part IX, column (A), line 25)	2	5	04,4	04.
3	Reve	nue less expenses. Subtract line 2 from line 1	3		36,6	92.
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	11,8	79.
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7		ment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			
10		ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40	_	40 5	
Dai		Financial Statements and Reporting	10	5	48,5) / <u>L</u> .
Гаі	ι ΛΙΙ					
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Accou	ınting method used to prepare the Form 990:				
	If the in Sch	organization changed its method of accounting from a prior year or checked 'Other,' explain ledule O.				
2 a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a ate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis				
k	Were	the organization's financial statements audited by an independent accountant?		2 b	Χ	
		s,' check a box below to indicate whether the financial statements for the year were audited on a separate				
		consolidated basis, or both:				
	X	Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes reviev	s' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi v, or compilation of its financial statements and selection of an independent accountant?	t, ••••	2 c	Х	
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
3 a	As a r Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3 a		Х
k	If 'Yes	s,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdit			
	or aud	dits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

BAA Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

SPRINGFIELD REGIONAL ARTS COUNCIL 43-1225541 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). 1 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 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (vii) Amount of monetary (v) Did you notify the organization in column (i) of your (vi) Is the organization in column (i) (i) Name of supported organization (iv) Is the organization in column (i) listed in support your governing document? organized in the (see instructions) support' Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

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.)

tion A. Public Support						
ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	651,980.	727,909.	600,081.	628,559.	527,125.	3,135,654.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	651,980.	727,909.	600,081.	628,559.	527,125.	3,135,654.
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
from line 4						3,135,654.
tion B. Total Support		Ī			T	
ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Amounts from line 4	651,980.	727,909.	600,081.	628,559.	527,125.	3,135,654.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111.	1,041.	755.	558.	27,972.	30,437.
Net income from unrelated business activities, whether or not the business is regularly carried on		,			,	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
through 10						3,166,091.
Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
						▶ 🔲
						99.04%
						99.91 %
or more, and if the organization me	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV how	
or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t. The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV how anization	the ▶
Private foundation. If the organiz	ation did not check	a box on line 13, 1	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶
	membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities in the first five years. If the Form 990 is organization, check this box and second in the part IV.) Total support percentage for 2013 Public support percentage for 2014 Public support percentage from 2015 33-1/3% support test — 2013. If it and stop here. The organization methor organization methor organization meets the 'facts-and-organization mee	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	Indiar year (or fiscal year nining in) + (a) 2009 (b) 2010 (b) 2010 (c) 2	Indiar year (or fiscal year ning in) - (a) 2009 (b) 2010 (c) 2011 (c) 2011 (d) 2010 (c) 2011 (e) 2011 (f) 2011 (f) 2011 (g) 2010 (c) 2011 (g) 2011 (h) 2010 (c) 2011 (h) 2010	Indiar year (or fiscal year ming in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2011 (d) 2012 (d) 2012 (d) 2012 (e) 2011 (d) 2012 (d) 2012 (e) 2011 (d) 2012 (d) 2012 (e) 2011 (e) 2011 (f) 2012 (e) 2011 (f) 2012 (f) 2013 (f) 2014 (f) 2015 (f) 2015 (f) 2016 (f) 2017 (f) 2017 (f) 2017 (f) 2018 (g) 2019 (g) 2019 (g) 2019 (g) 2011 (g) 2011 (g) 2012 (g) 2014 (g) 2015 (g) 2015 (g) 2015 (g) 2016 (g) 2017 (g) 2017 (g) 2017 (g) 2018 (g) 2018 (g) 2019 (g) 2019 (g) 2011 (g) 2012 (g) 2014 (g) 2015 (g) 2015 (g) 2016 (g) 2017 (g) 2017 (g) 2017 (g) 2018 (g) 2018 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2011 (g) 2012 (g) 2014 (g) 2015 (g) 2015 (g) 2016 (g) 2017 (g) 2017 (g) 2018 (g) 2018 (g) 2018 (g) 2019 (g) 2019 (g) 2019 (g) 2011 (g) 2012 (g) 2014 (g) 2015 (g) 2015 (g) 2016 (g) 2017 (g) 2017 (g) 2018 (g) 2018 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2011 (g) 2011 (g) 2015 (g) 2016 (g) 2017 (g) 2017 (g) 2018 (g) 2018 (g) 2018 (g) 2019 (g	Indiar year (or fiscal year noing in) > (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (dist, grants, confibriutions, and membership fees received (Do not include any nursual grants). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's by each person (other than a governmental unit to the organization's by each person (other than a governmental unit or public's supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Total Support** dar year (or fiscal year noing in) > (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (d) 2012 (e) 2013 (d) 2014 (d) 2012 (e) 2013 (d) 2014 (e) 2014 (d) 2012 (e) 2015 (d) 2014 (d) 2015 (e) 2015 (d) 2015 (e) 2015 (d) 2015 (e)

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							
14	First five years. If the Form 990 is	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
800	organization, check this box and s							
	tion C. Computation of Pul Public support percentage for 201:			column (f\)			15	0,
15		, ,	,				15	<u></u>
16	Public support percentage from 20						16	%
	tion D. Computation of Inv				.,		1	
17	Investment income percentage for	•	•		• •		17	%
		m 2012 Cabadula	A Part III line 17				18	%
18	Investment income percentage fro							
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization d	lid not check the bo ere. The organizat	ion qualifies as a p	oublicly supported	organization		▶ 🔲
19 a	33-1/3% support tests - 2013. If	the organization d nis box and stop h the organization d	lid not check the bo ere. The organizat lid not check a box	ion qualifies as a p on line 14 or line	oublicly supported 19a, and line 16 is	organization more than 3	 3-1/3%, an	► □

Schedule A	(Form 990 or 990-EZ) 2013	SPRINGFIELD	REGIONAL	ARTS COUNC	ΙL	43-1225541	Page 4
Part IV	Supplemental Information 17b; and Part III, line (See instructions).	tion. Provide the 12. Also complete	explanations this part for	s required by P any additiona	art II, line 10; information.	Part II, line 17a	
	. – – – – – – – – – .						
		/					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2013

SPRINGFIELD REGIONAL ARTS CO	DUNCIL	43-1225541
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule .	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a Specia	I Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E2 contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more (in mo	ney or property) from any one
commission. (Complete Faits Faits III.)		
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the regulation of the ground any one contributor, during the year, a contribution of the ground line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	ation filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, scientific, literary, or educates. Complete Parts I, II, and III.	
contributions for use <i>exclusively</i> for religiou If this box is checked, enter here the total c purpose. Do not complete any of the parts	ation filing Form 990 or 990-EZ that received from any one contributes, charitable, etc, purposes, but these contributions did not total to contributions that were received during the year for an exclusively unless the General Rule applies to this organization because it response to the during the year the contributions.	o more than \$1,000. religious, charitable, etc, ceived nonexclusively
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Schedul 2, of its Form 990; or check the box on line H of its Form 990-EZ filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	or on its Form 990-PF.
BAA For Paperwork Reduction Act Notice, or 990-PF.	see the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

1 of **Part 1**

Name of organization
SPRINGFIELD REGIONAL ARTS COUNCIL

Employer identification number

43-1225541

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NICK SIBLEY 1665 E DELMAR STREET SPRINGFIELD MO 65804	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MUSGRAVE FOUNDATION 1949 E SUNSHINE, SUITE 1-130 SPRINGFIELD MO 65804	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MISSOURI ARTS COUNCIL 815 OLIVE STREET, SUITE 16 SAINT LOUIS MO 63101	\$ <u>13,361</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GREAT SOUTHERN BANK 218 SOUTH GLENSTONE SPRINGFIELD MO 65802	\$65,802.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	PHOENIX HOME CARE, INC 3033 SOUTH KANSAS EXPRESSWAY SPRINGFIELD MO 65807	\$ <u>5</u> _0 <u>00</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	SPRINGFIELD BRANSON NATIONAL AIRPORT 2300 NORTH AIRPORT BOULEVARD, SUITE 100 SPRINGFIELD MO 65802	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

to f the Treasury
Negure Service

► Attach to Form 990.

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

SPRINGFIELD REGIONAL ARTS COUNCIL 43-1225541 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 1 2 Aggregate contributions to (during year) . . . 3 Aggregate grants from (during 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? No 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? No **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part	III Organizations Maintai	ining Collections	of Art, Historic	cal Treasures, o	r Other Similar <i>i</i>	Assets (continu	led)
3 i	Using the organization's acquisition items (check all that apply):	n, accession, and other	r records, check any	of the following that	are a significant use	of its collec	tion	
а	Public exhibition		d Loan or e	xchange programs				
b	Scholarly research		e Other					
С	Preservation for future generat	ions						
	Provide a description of the organiz Part XIII.	zation's collections and	l explain how they for	urther the organizatio	n's exempt purpose i	n		
1	During the year, did the organization to be sold to raise funds rather than	n to be maintained as p	part of the organizat	ion's collection?				No
Part	Escrow and Custodia line 9, or reported an ar	Arrangements. mount on Form 99	Complete if the 10, Part X, line 2	organization ans 1.	wered 'Yes' to Fo	orm 990,	Part IV	,
(Is the organization an agent, truste on Form 990, Part X? If 'Yes,' explain the arrangement in					Yes	s [No
	ii res, explain the arrangement in	T art Am and complete	the following table	•		Amoun	.+	
•	Beginning balance				. 1c	Amour		
	Additions during the year							
	Distributions during the year				. 1 e			
	Ending balance				L	1 1		T.,
	Did the organization include an am If 'Yes,' explain the arrangement in	•	•				_	No
Part	V Endowment Funds. C	omplete if the orga	anization answe	red 'Yes' to Form	990, Part IV, line	e 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e)	Four years	s back
1 a l	Beginning of year balance	296,124.	68,220					
b (Contributions	93,436.	221,137			89.		
- 1	Not in	75,7250						
	Net investment earnings, gains, and losses	30,386.	7,521	1,61	4. 10,8	35.		
	Grants or scholarships	30,3001	0	+	0.	0.		
	Other expenditures for facilities		0	•	0.	0.		
	and programs	6,355.	0		0.	0.		
f	Administrative expenses	2,597.	754	. 50	0. 50	00.		
g l	End of year balance	410,994.	296,124	. 68,22	0. 68,50	04.		
2	Provide the estimated percentage of	of the current year end	balance (line 1g, co	olumn (a)) held as:				
a l	Board designated or quasi-endown	nent ►	્ર					
b l	Permanent endowment ►	45.00%						
c ·	Temporarily restricted endowment		n %					
	The percentages in lines 2a, 2b, ar							
	Are there endowment funds not in to organization by:	the possession of the o	organization that are	held and administer	ed for the		Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations						X	37
								X
	If 'Yes' to 3a(ii), are the related orga		•			3b		<u> </u>
_	Describe in Part XIII the intended u		n's endowment fund	S.				
Part	VI Land, Buildings, and	• •		D (O F 000	D ()/ I		
	Complete if the organiz	ation answered 'Y	es' to Form 990	, Part IV, line 11a	a. See Form 990,	Part X, I	ine 10.	
	Description of property		or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a	Land							
ЬI	Buildings							
	Leasehold improvements							
	Equipment			199,060.	163,860).	3.5	,200.
	Other				100,000			
-	Add lines 1a through 1e. (Column	•	90. Part X. column	(B). line 10(c).)		•	35	,200.

BAA

Part VII Investments — Other Securities. Complete if the organization answered	Ves' to Form 990 I	Part IV line 11h See Form 990 I	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	, ,	(,,	,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
_(I) 			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered	Ves' to Form 990 I	Part IV line 11c See Form 990 I	Part X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(S) Book value	(b) Michied of Valdation. Cook of one	or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
_(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets. Complete if the organization answered '	Ves' to Form 990 I	Part IV line 11d See Form 990 I	Part X line 15
	escription	r art iv, line i i d. See i oiiii 990, i	(b) Book value
(1)	•		, ,
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F			
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		ancial statements that reports the ergonization's "a	hility for uncortain
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	=	· · · · · · · · · · · · · · · · · · ·	ibility for uncertain

Complete if the organization answered "Yes' to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	1 Total revenue, gains 2 Amounts included or a Net unrealized gains b Donated services ar c Recoveries of prior y d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included or a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add l Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included or a Donated services ar b Prior year adjustmen c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included or a Investment expense b Other (Describe in F e Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	and other support per audited financial statements line 1 but not on Form 990, Part VIII, line 12: on investments	2 e 3 4 c 5 Return.	14,002. 541,096. 541,096.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. 2 b Donated services and use of facilities. 2 c C C C C C C C C C C C C C C C C C C	Amounts included of a Net unrealized gains b Donated services ar c Recoveries of prior y d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add I Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmen c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplement	line 1 but not on Form 990, Part VIII, line 12: on investments	2 e 3 4 c 5 Return.	14,002. 541,096. 541,096.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments: b Donated services and use of facilities. c Recoveries of prior year grants c Qc d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 518,795. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a Donated services and use of facilities. 3 504,404. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18.) 5 504,404. 4 Amounts included on Form 990, Part IV, line 18.) 5 504,404. 4 Amounts included on Form 990, Part IV, line 18.) 5 504,404. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a Net unrealized gains b Donated services ar c Recoveries of prior y d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add I Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmen c Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	In investments	3 4c 5 Return.	14,002. 541,096. 541,096.
b Donated services and use of facilities. 2 b c Recoveries of prior year grants 2 c d 14,002. e Add lines 2a through 2d 2 d 14,002. e Add lines 2a through 2d 2 d 14,002. 3 Subtract line 2e from line 1 3 541,096. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 5 5 141,096. 5 5 541,096. 6 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 5 541,096. 6 7 Total revenue and lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 5 541,096. 6 7 Total revenue and lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 7 Total expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 7 Total expenses and losses per audited financial statements. 1 1 518,795. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b 389. c Other losses 2 c d Other (Describe in Part XIII.) 2 d 14,002. e Add lines 2a through 2d 2 2 14,391. 3 Subtract line 2e from line 1 3 504,404. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4 a b Other (Describe in Part XIII.) 4 b C Add lines 4a and 4b 5 5 504,404. Part IXII Supplemental Information. 8 For IXIII Supplemental Information. 9 Part IXIII lines 2 and 4b. Also complete this part to provide any additional information. 9 Part IXII line 2 Part X, line 2; Part X, line 2 Part X, lin	b Donated services ar c Recoveries of prior y d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included on a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add I Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included on a Donated services ar b Prior year adjustmen c Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included on a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	luse of facilities	3 4c 5 Return.	541,096. 541,096.
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4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 541,096. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 c d 14,002. e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5 504,404. Part XIII Supplemental Information. Part XIII Supplemental Information. Pt V Line 4 As The ENDONMENT CROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRAISER EXPENSES SHOWN ON SCHEDULE G	a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add I Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmen c Other Iosses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	not included on Form 990, Part VIII, line 7b	5 Return.	541,096.
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 South 404. Part XIII Supplemental Information. Pt V Line 4 AS THE ENDOMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRAISER EXPENSES SHOWN ON SCHEDULE G	b Other (Describe in F c Add lines 4a and 4b 5 Total revenue. Add lines Complete i 1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmer c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	int XIII.)	5 Return.	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 2b 3 89. c Other losses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Pt V Line 4 As The encomment grows, we intend 10 Use the interest famed for Que additional information.	c Add lines 4a and 4b 5 Total revenue. Add lines Complete i 1 Total expenses and 2 Amounts included or a Donated services ar b Prior year adjustmer c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included or a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	nes 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Return.	
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Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements.	Part XII Reconcilia Complete i 1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmen c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	the organization answered 'Yes' to Form 990, Part IV, line 12a. ssess per audited financial statements		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Complete i Total expenses and Amounts included of Donated services ar Prior year adjustmer Cother losses dother (Describe in F Add lines 2a through Subtract line 2e from Amounts included of Investment expense Dother (Describe in F Cother (D	the organization answered 'Yes' to Form 990, Part IV, line 12a. Description of Series		518,795.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 504,404. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, line 2cd and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Pt V Line 4 As THE ENDOWMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRALSER EXPENSES SHOWN ON SCHEDULE G	1 Total expenses and 2 Amounts included of a Donated services ar b Prior year adjustmen c Other losses d Other (Describe in Fig. 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in Fig. 2a through C Add lines 4a and 4b Total expenses. Add Part XIII Supplemen	bisses per audited financial statements	1	518,795.
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b Prior year adjustments	 b Prior year adjustmen c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e fron 4 Amounts included on a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Supplemen 			
c Other losses	c Other losses d Other (Describe in F e Add lines 2a through 3 Subtract line 2e from 4 Amounts included on a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme	C 0h 200		
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e Add lines 2a through 2d	e Add lines 2a through 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme			
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4 Amounts included or a Investment expense b Other (Describe in F c Add lines 4a and 4b Total expenses. Add			
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b Other (Describe in Part XIII.)	b Other (Describe in F c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme			
to Add lines 4a and 4b	c Add lines 4a and 4b 5 Total expenses. Add Part XIII Suppleme			
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Total expenses. Add Part XIII Suppleme	'	4.0	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt V Line 4 AS THE ENDOWMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRAISER EXPENSES SHOWN ON SCHEDULE G	Part XIII Suppleme			504 404
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt V Line 4 AS THE ENDOWMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRAISER EXPENSES SHOWN ON SCHEDULE G				304,404.
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt_V_Line_4AS_THE_ENDOWMENT_GROWS, WE INTEND_TO_USE_THE_INTEREST_EARNED_FOR_OUR_EDUCATIONAL_PROGRAMS_AND_ADMINISTRATIVE_EXPENSES. Pt_XI_Line_2dDIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G	Provide the descriptions re			
Pt V Line 4 AS THE ENDOWMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS AND ADMINISTRATIVE EXPENSES. Pt XI Line 2d DIRECT FUNDRAISER EXPENSES SHOWN ON SCHEDULE G	line 4: Part X. line 2: Part	juried for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, I. lines 2d and 4b: and Part XII. lines 2d and 4b. Also complete this part to provide any addition	al informati	on.
Pt_XI_Line_2dDIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G				
Pt_XI_Line_2dDIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G				
	<u> Pt_V_Line_4 </u>	<u>AS THE ENDOWMENT GROWS, WE INTEND TO USE THE INTEREST EARNED FOR OUR EDUCATIONAL PROGRAMS</u>	AND ADMIN	STRATIVE EXPENSES.
Pt_XII_Line_2dDIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G	<u>Pt_XI_Line_2d_</u> _	DIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G		
Pt_XII_Line_2d				
	<u>Pt_XII_Line_2d_</u>	DIRECT_FUNDRAISER_EXPENSES_SHOWN_ON_SCHEDULE_G		
PART V, LINE 1B(B) ON 6/30/2013 FORM 990, ONLY THE RESTRICTED PORTION OF THE ENDOWMENT WAS REPORTED ON SCHEDULE D. AN ADJUSTMENT OF \$166,341 WAS ENTERED ON THIS LINE TO TRUE UP 6/30/2013 BALANCE.	<u>PART_V,_LINE_1B(</u>	3) ON 6/30/2013 FORM 990, ONLY THE RESTRICTED PORTION OF THE ENDOWMENT WAS REPORTED ON SCHEDULE D. AN ADJUSTMENT OF \$166,341 WAS ENTERE	O ON THIS LINE TO	<u> TRUE UP 6/30/2013 BALANCE.</u>
				

Schedule **D** (Form 990) 2013

Schedule D	(Form 990) 2013	SPRINGFIELD	REGIONAL ARTS	COUNCIL	43-1225541	Page 5
Part XIII	Supplemental	Information (co	ntinued)			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

	The organization	GOIDIGII					40 100554	
SPR.	INGFIELD REGIONAL ARTS						43-122554	<u> </u>
Part	Fundraising Activities. Comp Form 990-EZ filers are not requ	lete if the organi iired to complete	ızatıon ans e this part.	swered 'Yes	s' to Form 990, Part IV,	line 17.		
1	Indicate whether the organization rai		•		g activities. Check all th	nat apply.		
а	Mail solicitations		3 . ,	е	Solicitation of non-g		ent grants	
b	Internet and email solicitations			f	Solicitation of gove		-	
	Phone solicitations			'	Special fundraising	_		
C	=			g	Special fundraising	events		
d	In-person solicitations							
	Did the organization have a written c employees listed in Form 990, Part \							Yes No
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities organization.	s (fundrais	ers) pursua	int to agreements under	r which th	e fundraiser is to	b be
(i)	Name and address of individual	(ii) Activity	(iii) Did f	undraiser	(iv) Gross receipts	(v) Am	nount paid to	(vi) Amount paid to
(-)	or entity (fundraiser)	()	have custo	dy or control ibutions?	from activity	(or refundra	etained by) hiser listed in olumn (i)	(or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			!	•				
3	List all states in which the organization licensing.				contributions or has bee	n notified	it is exempt from	n registration
-								
-								
	- 							
-								

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.

R			(a) Event #1 OZZIE AWARDS - DINNER (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add column (a) through column (c))
R E V E N U	1	Gross receipts	22,685.			22,685.
Ē	2	Less: Charitable contributions	13,100.			13,100.
	3	Gross income (line 1 minus line 2)	9,585.			9,585.
	4	Cash prizes				
	5	Noncash prizes	1,690.			1,690.
D R E C T	6	Rent/facility costs				
	7	Food and beverages	5,431.			5,431.
EXPENSES	8	Entertainment	500.			500.
N S F	9	Other direct expenses	6,381.			6,381.
Š	10 11	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				14,002. -4,417.
Part	: III	Gaming. Complete if the organizating \$15,000 on Form 990-EZ, line 6a.	ion answered 'Yes'	to Form 990, Part I	V, line 19, or reporte	d more than
R E V E N U E		···, ··· ···	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue				
F	2	Cash prizes				
D I E N S E S T S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		
a b 10 a	Is the If 'N	re any of the organization's gaming licenses r	ctivities in each of these	erminated during the tax		
		e any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax		

Sche	edule G (Form 990 or 990-EZ) 2013 SPRINGFIELD REGIONAL ARTS COUNCIL 43	-1225541	L	Page 3
11	Does the organization operate gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	 ∏No
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	13 a		ે
	b An outside facility.			
	Name •			
	Address			
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$\sim_\sqrt{\sq}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sq}\sqrt{		Yes	No
,	the res, enter name and address of the third party.			
	Name •			
	Address •			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$	the		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation (see instructions).	ns (iii) and litional	(v),	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number SPRINGFIELD REGIONAL ARTS COUNCIL 43-1225541

Excess Benefit Transa Complete if the organization a	ctions (section 501(c)(3) and section subserved 'Yes' on Form 990, Part IV, line 25a or	501(c)(4) organizations only). 25b, or Form 990-EZ, Part V, line 40b.		
(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
	person and organization		Yes	No
Enter the amount of tax incurred by t section 4958	he organization managers or disqualified person	s during the year under		
Enter the amount of tax, if any, on lin	e 2, above, reimbursed by the organization			
	(a) Name of disqualified person Enter the amount of tax incurred by t section 4958	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or (a) Name of disqualified person (b) Relationship between disqualified person and organization Enter the amount of tax incurred by the organization managers or disqualified persor section 4958	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Cor Yes Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organiz	the	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) App by boa	oroved ard or ittee?	(i) Wri agreen	itten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	/	7			▶\$							

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 SPRINGFIELD REGIONAL ARTS COUNCIL 43-1225541 Page 2 Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. Part IV **(b)** Relationship between interested person and the organization (e) Sharing of organization's revenues? (a) Name of interested person (c) Amount of transaction (d) Description of transaction Yes No (1) STEPHANIE CRAMER FAMILY MEMBER OF A BOARD MEMBER 33,820. EMPLOYMENT Χ (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

SPRINGFIELD REGIONAL ARTS COUNCIL	43-1225541
Pt_VI,_Line_11bA_DRAFT_OF_THE_FORM_990_IS_PRESENTED_AT_THE_BOARD_MEETING_PRIOR	TO THE FILING DEADLINE FOR APPROVAL FROM THE BOARD MEMBERS
Pt_VI, Line 12cEACH PROPOSED NEW BOARD MEMBER WILL FILE A POTENTIAL CONFLICT REPORT. EXISTING BOARD MEMBERS	WILL FILE A POTENTIAL CONFLICT REPORT ANNUALLY, IN JUNE, WITH THE EXECUTIVE DIRECTOR.
Pt_VI, Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
Pt_XII, Line_2c	TOR SELECTION PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning $\underline{\mathtt{Jul}}\,\,\underline{\mathtt{1}}\,\,\underline{\mathtt{1}}\,\,\underline{\mathtt{1}}\,\,\underline{\mathtt{30}$

OMB No. 1545-1878

► Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Name of exempt organization	Employer identification number
SPRINGFIELD REGIONAL ARTS COUNCIL	43-1225541
Name and title of officer	110 1220011
LESLIE FORRESTER	EXECUTIVE DIRECTOR
Part I Type of Return and Return Information (Whole Dollar	
Check the box for the return for which you are using this Form 8879-EO and enter check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). the applicable line below. Do not complete more than 1 line in Part I.	er the applicable amount, if any, from the return. If you if the return being filed with this form was blank, then
_	
1 a Form 990 check here ▶ X b Total revenue, if any (Form 990, Pa	art VIII, column (A), line 12) 1 b 541 , 096 .
2 a Form 990-EZ check here b Total revenue, if any (Form 990	O-EZ, line 9)
3 a Form 1120-POL check here • b Total tax (Form 1120-POL,	line 22)
4 a Form 990-PF check here	ome (Form 990-PF, Part VI, line 5) 4 b
5 a Form 8868 check here D Balance Due (Form 8868, Part I, lin	e 3c or Part II, line 8c)
Part II Declaration and Signature Authorization of Officer	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization	a and that I have examined a convert the erganization's 2012
electronic return and accompanying schedules and statements and to the best of I further declare that the amount in Part I above is the amount shown on the copy intermediate service provider, transmitter, or electronic return originator (ERO) to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmis refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury funds withdrawal (direct debit) entry to the financial institution account indicated i organization's federal taxes owed on this return, and the financial institution to decontact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 bus authorize the financial institutions involved in the processing of the electronic pay answer inquiries and resolve issues related to the payment. I have selected a peorganization's electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's consent to electronic return and, if applicable, the organization's electronic return and, if applicable, the organization's consent to electronic return and the financial institutions involved in the processing of the electronic return and, if applicable, the organization's consent to electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing of the electronic return and the financial institutions involved in the processing the financial institutions involved in the processing the elect	y of the organization's electronic return. I consent to allow my o send the organization's return to the IRS and to receive from ssion, (b) the reason for any delay in processing the return or y and its designated Financial Agent to initiate an electronic in the tax preparation software for payment of the sbit the entry to this account. To revoke a payment, I must iness days prior to the payment (settlement) date. I also ment of taxes to receive confidential information necessary to rsonal identification number (PIN) as my signature for the
Officer's PIN: check one box only	
X I authorize CLAYTON, YORK & HOPP CPAS	to enter my PIN 25541 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2013 electronically filed return. If I have indicat a state agency(ies) regulating charities as part of the IRS Fed/State program the return's disclosure consent screen.	ted within this return that a copy of the return is being filed with
As an officer of the organization, I will enter my PIN as my signature on the organizated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ▶	Date ▶
	Date P
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	
I certify that the above numeric entry is my PIN, which is my signature on the 201 above. I confirm that I am submitting this return in accordance with the requirement Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date ► <u>01/05/2015</u>
ERO Must Retain This Form	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

FILM/MEDIA ARTS ORGANIZATIONS WITHIN 27 COUNTIES, THE LARGEST OUTREACH OF ANY IN THE STATE OF MISSOURI. THE CURRENT MISSION OF THE SRAC IS TO TRANSFORM LIVES AND ENRICH OUR COMMUNITY THROUGH THE ARTS.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

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.

Code:	Description:	VARIOUS OTHER ARTS PROGRAMS PROVIDED IN CONJUNCTION WITH					
Expenses	233,634.	SPRINGFIELD'S COMMUNITY CULTURAL PLAN					
Grants Of	0.						
Revenue.	69,937.						

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK FEES	3,968.	2,203.	1,765.	0.
BAD DEBT	840.	840.	0.	0.
CASH AWARDS	6,000.	6,000.	0.	0.
DUES & MEMBERSHIPS	2,148.	498.	1,650.	0.
EDUCATIONAL SUPPLIES	2,519.	2,519.	0.	0.
REPAIRS & MAINTENANCE	1,315.	0.	1,315.	0.
FIREWORKS	3,000.	3,000.	0.	0.
FIRST FRIDAY FEES	780.	780.	0.	0.
FOOD, SNACKS & DRINKS	4,124.	3,114.	1,010.	0.
GIFTS	1,660.	276.	1,384.	0.
HONORARIUMS & AWARDS	3,665.	3,352.	313.	0.
INSTRUCTORS	37,873.	37,873.	0.	0.
LICENSES, ROYALTIES & FEES	2,026.	1,995.	31.	0.
MAILING & POSTAGE	2,185.	1,399.	786.	0.
NEWSLETTER PRODUCTION	2,085.	2,085.	0.	0.
PERFORMERS	9,592.	9,592.	0.	0.
PRINTING & COPIES	10,469.	9,365.	1,104.	0.
PUBLICATIONS & SUBSCRIPTIONS	1,728.	300.	1,428.	0.
SPONSORSHIPS EXPENSE	8,623.	7,594.	1,029.	0.
SUPPLIES & MATERIALS	10,217.	9,429.	788.	
TUITION & TRAINING	60.	0.	60.	0.
MISCELLANEOUS	201.	2.	199.	0.
LOSS ON DISPOSAL OF EQUIPMENT	302.	0.	302.	0.