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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: MID-AMERICA ARTS ALLIANCE

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 2018 BALTIMORE — Room/suite:

City or town, state or country, and ZIP + 4: KANSAS CITY, MO 64108

D Employer identification number: 23-7303693

E Telephone number: (816) 421-1388

G Gross receipts $ 4,685,038.

F Name and address of principal officer: MARY KENNEDY MCCABE
KANSAS CITY, MO 64108

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MAAA.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1973 **M** State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ENSURING ACCESS TO HIGH QUALITY ARTS, CULTURAL, AND TRAINING OPPORTUNITIES BY CREATING AND DELIVERING PROGRAMS TO ORGANIZATIONS ACROSS THE REGION.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	48
5 Total number of employees (Part V, line 2a)	5	31
6 Total number of volunteers (estimate if necessary)	6	50
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

	Prior Year	Current Year
8 Contribution and grants (Part VIII, line 1h)	2,399,823.	3,920,963.
9 Program service revenue (Part VIII, line 2g)	539,665.	742,504.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,788.	-1,876.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	830.	3,821.
12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,974,106.	4,665,412.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	429,815.	495,806.
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,189,633.	1,509,067.
16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	20,335.
b Total fundraising expenses, Part IX, column (D), line 25) ▶ 287,554.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,319,977.	1,672,380.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,939,425.	3,697,588.
19 Revenue less expenses Subtract line 18 from line 12	34,681.	967,824.

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	3,584,727.	4,583,304.
21 Total liabilities (Part X, line 26)	2,169,730.	2,256,294.
22 Net assets or fund balances Subtract line 21 from line 20	1,414,997.	2,327,010.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 4.1.10

Mary K. McCabe, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Brent A Wilson — Date: 3/18/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00638700

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM, LLC, 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 — EIN ▶ 34-1874260 — Phone no ▶ 913.234.1000

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JSA
8E1010 2 000

5 G16 17

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

ENSURING ACCESS TO HIGH QUALITY ARTS, CULTURAL, AND TRAINING OPPORTUNITIES BY CREATING AND DELIVERING PROGRAMS TO ORGANIZATIONS ACROSS THE REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,601,056. including grants of $ NONE) (Revenue $ 621,771.)

THE VISUAL ARTS AND HUMANITIES PROGRAM BROUGHT 145 EXHIBITIONS TO 110 CITIES IN 35 STATES, SERVING 498,683 PEOPLE.

4b (Code) (Expenses $ 706,311. including grants of $ 495,806.) (Revenue $ 7,900.)

THE PERFORMING ARTS PROGRAM PROVIDED GRANTS IN SUPPORT OF 2,564 PERFORMING ARTISTS, PRESENTING A TOTAL OF OF 322 PUBLIC PROGRAMS AND 620 EDUCATIONAL ACTIVITIES. A TOTAL OF 275,390 PEOPLE ACROSS 6 STATES WERE SERVED BY THESE PROGRAMS.

4c (Code) (Expenses $ 480,644. including grants of $ NONE) (Revenue $ 112,833.)

THE PROFESSIONAL DEVELOPMENT PROGRAM PROVIDED A GOVERNANCE TRAINING PROGRAM FOR 1,060 STAFF AND VOLUNTEERS OF 80 MUSEUMS THROUGHOUT ARKANSAS, MISSOURI, NEBRASKA AND TEXAS.

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 2,788,011. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 20		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 49		
b	Enter the number of voting members that are independent	1b 48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted 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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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 for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KIMBERLY HEIN 2018 BALTIMORE KANSAS CITY, MO 64108

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								177,812.	NONE	13,004.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 23-7303693

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a NONE				
	b Membership dues	1b 334,900.				
	c Fundraising events	1c NONE				
	d Related organizations	1d NONE				
	e Government grants (contributions)	1e 2,384,803.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,201,260.				
	g Noncash contributions included in lines 1a-1f $ NONE					
	h Total. Add lines 1a-1f		3,920,963.			
Program Service Revenue		Business Code				
	2a EXHIBITION FEES	900099	622,671.	622,671.		
	b SPECIAL PROJECTS	900099	99,660.	99,660.		
	c REGISTRATION FEES	900099	20,173.	20,173.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		742,504.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,750.			17,750.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	NONE				
	b Less cost or other basis and sales expenses	19,626.				
	c Gain or (loss)	-19,626.				
	d Net gain or (loss)		-19,626.			-19,626.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less. direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	3,821.	421.		3,400.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		3,821.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,665,412.	742,925.		1,524.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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 U S See Part IV, line 21	495,806.	495,806.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	215,460.	27,166.	134,008.	54,286.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,051,386.	701,098.	214,798.	135,490.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	43,918.	32,948.	9,641.	1,329.
9 Other employee benefits	102,262.	70,769.	18,701.	12,792.
10 Payroll taxes	96,041.	55,555.	25,489.	14,997.
11 Fees for services (non-employees).				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	20,335.			20,335.
f Investment management fees	3,245.		3,245.	
g Other	296,034.	256,396.	39,638.	
12 Advertising and promotion	123,083.	113,799.	9,284.	
13 Office expenses	292,604.	282,252.	8,240.	2,112.
14 Information technology	67,674.	37,560.	20,848.	9,266.
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	117,936.	88,003.	27,398.	2,535.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	182,098.	147,483.	29,922.	4,693.
20 Interest	16,440.	16,440.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	84,892.	55,518.	21,215.	8,159.
23 Insurance	13,763.	13,663.	100.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EXHIBITION EXPENSES	149,022.	149,022.		
b BUILDING ALLOCATION	143,276.	114,175.	20,468.	8,633.
c MISCELLANEOUS EXPENSE	75,292.	75,292.		
d OVERHEAD ALLOCATIONS	61,577.	33,974.	19,110.	8,493.
e DUES AND REGISTRATIONS	12,284.	5,313.	3,928.	3,043.
f All other expenses	33,160.	15,779.	15,990.	1,391.
25 **Total functional expenses.** Add lines 1 through 24f	3,697,588.	2,788,011.	622,023.	287,554.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	500.	1	500.
	2	Savings and temporary cash investments	129,625.	2	727,366.
	3	Pledges and grants receivable, net	500,158.	3	893,857.
	4	Accounts receivable, net	89,535.	4	172,999.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L	NONE	5	NONE
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sales or use	NONE	8	NONE
	9	Prepaid expenses and deferred charges	549,278.	9	573,111.
	10a	Land, buildings, and equipment cost basis 10a 2,396,827.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D. 10b 495,755.	1,943,180.	10c	1,901,072.
	11	Investments - publicly traded securities	371,780.	11	314,399.
	12	Investments - other securities See Part IV, line 11	671.	12	NONE
	13	Investments - program-related See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets See Part IV, line 11	NONE	15	NONE
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,584,727.	16	4,583,304.
Liabilities	17	Accounts payable and accrued expenses	95,389.	17	247,200.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	151,793.	19	93,441.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow account liability Complete Part IV of Schedule D	NONE	21	NONE
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	250,000.	22	250,000.
	23	Secured mortgages and notes payable to unrelated third parties	1,672,548.	23	1,665,653.
	24	Unsecured notes and loans payable	NONE	24	NONE
	25	Other liabilities Complete Part X of Schedule D	NONE	25	NONE
	26	**Total liabilities.** Add lines 17 through 25	2,169,730.	26	2,256,294.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,149,144.	27	1,299,686.
	28	Temporarily restricted net assets	265,853.	28	1,027,324.
	29	Permanently restricted net assets	NONE	29	NONE
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	NONE	30	NONE
	31	Paid-in or capital surplus, or land, building, or equipment fund	NONE	31	NONE
	32	Retained earnings, endowment, accumulated income, or other funds	NONE	32	NONE
	33	Total net assets or fund balances	1,414,997.	33	2,327,010.
	34	Total liabilities and net assets/fund balances	3,584,727.	34	4,583,304.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
MID-AMERICA ARTS ALLIANCE	23-7303693

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,444,254.	2,167,941.	2,390,335.	2,399,823.	3,920,963.	13,323,316.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,444,254.	2,167,941.	2,390,335.	2,399,823.	3,920,963.	13,323,316.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						108,304.
6 Public support. Subtract line 5 from line 4						13,215,012.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,444,254.	2,167,941.	2,390,335.	2,399,823.	3,920,963.	13,323,316.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,332.	15,891.	15,708.	16,444.	17,750.	108,125.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,462.	1,925.	3,424.	1,864.	3,821.	13,496.
11 Total support. Add lines 7 through 10						13,444,937.
12 Gross receipts from related activities, etc (See instructions)					12	3,022,751.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.29 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.40 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	2,462.	1,925.	3,424.	1,864.	3,821.	13,496.
TOTALS	2,462.	1,925.	3,424.	1,864.	3,821.	13,496.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I **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	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ NONE

(ii) Assets included in Form 990, Part X ▶ $ 66,248.

2 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ NONE

b Assets included in Form 990, Part X ▶ $ NONE

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . [ ] Yes [X] No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		207,020.		207,020.
b Buildings		1,863,407.	294,612.	1,568,795.
c Leasehold improvements		NONE	NONE	NONE
d Equipment		260,152.	201,143.	59,009.
e Other		66,248.	NONE	66,248.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,901,072.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,665,412.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,697,588.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	967,824.
4	Net unrealized gains (losses) on investments	4	-55,811.
5	Donated services and use of facilities	5	NONE
6	Investment expenses	6	NONE
7	Prior period adjustments	7	NONE
8	Other (Describe in Part XIV)	8	NONE
9	Total adjustments (net) Add lines 4-8	9	-55,811.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	912,013.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,609,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	-55,811.		
b	Donated services and use of facilities	2b	NONE		
c	Recoveries of prior year grants	2c	NONE		
d	Other (Describe in Part XIV)	2d	NONE		
e	Add lines 2a through 2d			2e	-55,811.
3	Subtract line 2e from line 1			3	4,665,412.
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	NONE		
b	Other (Describe in Part XIV)	4b	NONE		
c	Add lines 4a and 4b			4c	NONE
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	4,665,412.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,697,588.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	NONE		
b	Prior year adjustments	2b	NONE		
c	Losses reported on Form 990, Part IX, line 25	2c	NONE		
d	Other (Describe in Part XIV)	2d	NONE		
e	Add lines 2a through 2d			2e	NONE
3	Subtract line 2e from line 1			3	3,697,588.
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	4a	NONE		
b	Other (Describe in Part XIV)	4b	NONE		
c	Add lines 4a and 4b			4c	NONE
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	3,697,588.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

COLLECTIONS OF ART

SCHEDULE D, PART III, LINE 4

ARTWORK OWNED BY THE ORGANIZATION IS USED TO SUPPLEMENT LOANED WORKS IN TOURING EXHIBITIONS.

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [ ] Email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
HARTSOOK AND COMPANY	CAPITAL CAMPAIGN		X	246,700.	20,335.	226,365.
Total . . . . . ▶				246,700.	20,335.	226,365.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records.			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address:			
	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?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 35

3 Enter total number of other organizations . . . . . ▶ NONE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCESS FOR MONITORING GRANT FUNDS

PART I, LINE 2

THE ORGANIZATION MONITORS GRANT FUNDS AS THEY ARE DISTRIBUTED TO THE RECEIVING ORGANIZATIONS CONSISTENT WITH FUNDER REQUIREMENTS.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMA EDUCATION AND ARTS FOUNDATION	71-0862076	501 (C) (3)	7,425.	NONE	FMV	NONE	CHARITABLE DONATION
AUSTIN CHAMBER MUSIC CENTER	74-2252691	501 (C) (3)	6,000.	NONE	FMV	NONE	CHARITABLE DONATION
CHILLICOTHE FINE ARTS COUNCIL, INC.	43-1174451	501 (C) (3)	7,037.	NONE	FMV	NONE	CHARITABLE DONATION
DANCE SAINT LOUIS	23-7001556	501 (C) (3)	15,500.	NONE	FMV	NONE	CHARITABLE DONATION
EISEMANN CENTER FOR PERFORMING ARTS	75-3036469	501 (C) (3)	7,350.	NONE	FMV	NONE	CHARITABLE DONATION
EMPORIA ARTS COUNCIL	48-0953331	501 (C) (3)	6,500.	NONE	FMV	NONE	CHARITABLE DONATION
FORT HAYS STATE UNIVERSITY SPECIAL EVENTS	48-6029925	501 (C) (3)	14,543.	NONE	FMV	NONE	CHARITABLE DONATION
FRIENDS OF LIED	47-0727188	501 (C) (3)	22,795.	NONE	FMV	NONE	CHARITABLE DONATION
HESSTON COLLEGE	48-0548361	501 (C) (3)	5,292.	NONE	FMV	NONE	CHARITABLE DONATION
HIGH PLAINS ARTS COUNCIL INC.	36-3354222	501 (C) (3)	5,475.	NONE	FMV	NONE	CHARITABLE DONATION
JOHNSON COUNTY COMMUNITY COLLEGE	23-7164614	501 (C) (3)	7,000.	NONE	FMV	NONE	CHARITABLE DONATION
KANSAS STATE UNIVERSITY	48-0771754	501 (C) (3)	9,590.	NONE	FMV	NONE	CHARITABLE DONATION
KEARNEY PUBLIC SCHOOLS FOUNDATION	36-3359904	501 (C) (3)	10,184.	NONE	FMV	NONE	CHARITABLE DONATION
KERRVILLE PERFORMING ARTS SOCIETY	74-2330022	501 (C) (3)	10,600.	NONE	FMV	NONE	CHARITABLE DONATION
LIVING ARTS OF TULSA	23-7394502	501 (C) (3)	9,000.	NONE	FMV	NONE	CHARITABLE DONATION

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ 35

3 Enter total number of other organizations . . . . . ▶ NONE

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

Schedule I-1 (Form 990) 2008

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SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI STATE UNIVERSITY	44-6000308	501 (C) (3)	6,450.	NONE	FMV	NONE	CHARITABLE DONATION
NAVARRO COUNCIL OF THE ARTS	75-1607762	501 (C) (3)	7,600.	NONE	FMV	NONE	CHARITABLE DONATION
NORTHEASTERN STATE UNIVERSITY FOUNDATION	23-7135815	501 (C) (3)	12,815.	NONE	FMV	NONE	CHARITABLE DONATION
OK MOZART, INC.	73-1340172	501 (C) (3)	10,000.	NONE	FMV	NONE	CHARITABLE DONATION
OKLAHOMA CITY COMMUNITY COLLEGE	73-6017987	501 (C) (3)	5,370.	NONE	FMV	NONE	CHARITABLE DONATION
OKLAHOMA STATE UNIVERSITY	73-6017987	501 (C) (3)	12,750.	NONE	FMV	NONE	CHARITABLE DONATION
OMAHA PERFORMING ARTS SOCIETY	47-0832480	501 (C) (3)	12,975.	NONE	FMV	NONE	CHARITABLE DONATION
SOCIETY FOR THE PERFORMING ARTS	74-6077505	501 (C) (3)	13,000.	NONE	FMV	NONE	CHARITABLE DONATION
STIEFEL THEATRE FOR THE PERFORMING ARTS	30-1537194	501 (C) (3)	6,750.	NONE	FMV	NONE	CHARITABLE DONATION
TASSEL COORDINATION COUNCIL, INC.	74-3067553	501 (C) (3)	5,686.	NONE	FMV	NONE	CHARITABLE DONATION
TEXARKANA REG. ARTS & HUMANITIES COUNCIL	75-1579020	501 (C) (3)	10,200.	NONE	FMV	NONE	CHARITABLE DONATION
TEXAS INTERNATIONAL THEATRICAL ARTS SOCIETY	75-1860146	501 (C) (3)	7,600.	NONE	FMV	NONE	CHARITABLE DONATION
UNIVERSITY OF CENTRAL ARKANSAS	71-6001828	501 (C) (3)	8,000.	NONE	FMV	NONE	CHARITABLE DONATION
UNIVERSITY OF KANSAS CENTER FOR RESEARCH	48-0680117	501 (C) (3)	5,100.	NONE	FMV	NONE	CHARITABLE DONATION
WALTON ARTS CENTER COUNCIL, INC.	71-0647212	501 (C) (3)	15,700.	NONE	FMV	NONE	CHARITABLE DONATION

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARFIELD FOUNDATION	71-6061870	501 (C) (3)	10,000.	NONE	FMV	NONE	CHARITABLE DONATION
WASHINGTONG UNIVERSITY	43-0653611	501 (C) (3)	14,225.	NONE	FMV	NONE	CHARITABLE DONATION
WESTERN PLAINS ARTS ASSOCIATION	48-0771370	501 (C) (3)	8,960.	NONE	FMV	NONE	CHARITABLE DONATON
WILLIAM JEWELL COLLEGE	44-0545914	501 (C) (3)	9,215.	NONE	FMV	NONE	CHARITABLE DONATION
WOODWARD ARTS COUNCIL, INC.	73-1008019	501 (C) (3)	5,826.	NONE	FMV	NONE	CHARITABLE DONATION

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

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Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY FERGUSON CHAIRPERSON	3.	X		X				NONE	NONE	NONE
SUZANNE WISE VICE CHAIRPERSON	1.	X		X				NONE	NONE	NONE
DON MUNRO SECRETARY	1.	X		X				NONE	NONE	NONE
KEN FERGESON TREASURER	1.	X		X				NONE	NONE	NONE
ED CLIFFORD DIRECTOR	1.	X						NONE	NONE	NONE
GARBO HEARNE DIRECTOR	1.	X						NONE	NONE	NONE
DORTHY MORRIS DIRECTOR	1.	X						NONE	NONE	NONE
JOY PENNINGTON DIRECTOR	1.	X						NONE	NONE	NONE
SHIRLEY PETERSON DIRECTOR	1.	X						NONE	NONE	NONE
KEITH ASHCRAFT DIRECTOR	1.	X						NONE	NONE	NONE
LLEWELLYN CRAIN DIRECTOR	1.	X						NONE	NONE	NONE
CAROLYN DILLON DIRECTOR	1.	X						NONE	NONE	NONE
JOHN DIVINE DIRECTOR	1.	X						NONE	NONE	NONE
ANN GARVEY DIRECTOR	1.	X						NONE	NONE	NONE
DONALD A. JOHNSTON DIRECTOR	1.	X						NONE	NONE	NONE
CARL MCCAFFREE DIRECTOR	1.	X						NONE	NONE	NONE
JUDITH SABATINI DIRECTOR	1.	X						NONE	NONE	NONE
SALLY BAIRD DIRECTOR	1.	X						NONE	NONE	NONE
DOUG FREED DIRECTOR	1.	X						NONE	NONE	NONE
JOAN HORAN DIRECTOR	1.	X						NONE	NONE	NONE
NANCY LEE KEMPER DIRECTOR	1.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

MID-AMERICA ARTS ALLIANCE

Employer Identification number

23-7303693

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY S. KRANZBERG DIRECTOR	1.	X						NONE	NONE	NONE
JOAN MARKOW DIRECTOR	1.	X						NONE	NONE	NONE
THOMAS D. PAWLEY, III DIRECTOR	1.	X						NONE	NONE	NONE
NOLA RUTH DIRECTOR	1.	X						NONE	NONE	NONE
BEVERLY STROHMEYER DIRECTOR	1.	X						NONE	NONE	NONE
MARIAN ANDERSEN DIRECTOR	1.	X						NONE	NONE	NONE
J. ROBERT DUNCAN DIRECTOR	1.	X						NONE	NONE	NONE
RUTH H. KEENE DIRECTOR	1.	X						NONE	NONE	NONE
WALLACE RICHARDSON DIRECTOR	1.	X						NONE	NONE	NONE
HARRY P. SEWARD DIRECTOR	1.	X						NONE	NONE	NONE
ART THOMPSON DIRECTOR	1.	X						NONE	NONE	NONE
RICH VIERK DIRECTOR	1.	X						NONE	NONE	NONE
BILLIE BARNETT DIRECTOR	1.	X						NONE	NONE	NONE
LINDA S. FRAZIER DIRECTOR	1.	X						NONE	NONE	NONE
KAY GOEBEL DIRECTOR	1.	X						NONE	NONE	NONE
NANCY E. MEINIG DIRECTOR	1.	X						NONE	NONE	NONE
BETTY PRICE DIRECTOR	1.	X						NONE	NONE	NONE
SUZANNE TATE DIRECTOR	1.	X						NONE	NONE	NONE
JAMES R. TOLBERT, III DIRECTOR	1.	X						NONE	NONE	NONE
JOHN PAUL BATISTE DIRECTOR	1.	X						NONE	NONE	NONE
LESLIE BLANTON DIRECTOR	1.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

MID-AMERICA ARTS ALLIANCE

Employer Identification number

23-7303693

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALEJANDRINA DREW DIRECTOR	1.	X						NONE	NONE	NONE
LILLIE FONTENOT DIRECTOR	1.	X						NONE	NONE	NONE
GARY GIBBS DIRECTOR	1.	X						NONE	NONE	NONE
BECKY DUVAL REESE DIRECTOR	1.	X						NONE	NONE	NONE
ADAIR MARGO DIRECTOR	1.	X						NONE	NONE	NONE
BILLYE PROCTOR SHAW DIRECTOR	1.	X						NONE	NONE	NONE
MILDRED KNAPPE WITTE DIRECTOR	1.	X						NONE	NONE	NONE
MARY KENNEDY MCCABE EXECUTIVE DIRECTOR	40.			X				118,077.	NONE	12,660.
KIMBERLY HEIN DIRECTOR OF FINANCE	40.			X				59,735.	NONE	344.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

MID-AMERICA ARTS ALLIANCE

Employer identification number

23-7303693

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
J. ROBERT DUNCAN OPERATING LOAN	X		250,000.	250,000.		X	X		X	
Total . . . . . ▶ $				250,000.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Name of the organization: MID-AMERICA ARTS ALLIANCE

Employer identification number: 23-7303693

REVIEW OF FORM 990

FORM 990, PART VI, SECTION A, LINE 10

FORM 990 WAS EMAILED TO ALL BOARD MEMBERS AND MADE AVAILABLE AT THE BOARD MEETING FOR REVIEW PRIOR TO FILING.

Name of the organization: MID-AMERICA ARTS ALLIANCE

Employer identification number: 23-7303693

CONFLICT OF INTEREST POLICY

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE UPDATED ANNUALLY BY ALL DIRECTORS AND KEY EMPLOYEES. THE EXECUTIVE DIRECTOR REVIEWS ALL FORMS TO IDENTIFY POTENTIAL CONFLICTS AS ISSUES ARISE THROUGHOUT THE YEAR.

Name of the organization	Employer identification number
MID-AMERICA ARTS ALLIANCE	23-7303693

COMPENSATION DETAIL

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE EXECUTIVE DIRECTOR COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD USING PERFORMANCE EVALUATIONS AND SALARY SURVEY INFORMATION FOR COMPARABLE POSITIONS. MINUTES OF THE MEETING ARE DOCUMENTED AND APPROVED BY THE COMMITTEE AT ITS NEXT MEETING. THE KEY EMPLOYEE COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR AND RATIFIED BY THE EXECUTIVE COMMITTEE OF THE BOARD USING PERFORMANCE EVALUATIONS AND SALARY SURVEY INFORMATION FOR COMPARABLE POSITIONS. MINUTES OF THE MEETING ARE DOCUMENTED AND APPROVED BY THE COMMITTEE AT ITS NEXT MEETING.

Name of the organization: MID-AMERICA ARTS ALLIANCE

Employer identification number: 23-7303693

INFORMATION AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	MID-AMERICA ARTS ALLIANCE INC.	23-7303693
	Number, street, and room or suite no If a P O box, see instructions 2018 BALTIMORE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions KANSAS CITY, MO 64108	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ KIMBERLY HEIN

Telephone No ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or
▶ [X] tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$	NONE
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$	NONE
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
8F8054 3 000

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
	MID-AMERICA ARTS ALLIANCE INC.		23-7303693
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O box, see instructions 2018 BALTIMORE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions KANSAS CITY, MO 64108		

Check **type of return to be filed** (File a separate application for each return)

[X]	Form 990	[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 6069
[ ]	Form 990-BL	[ ]	Form 990-T (sec. 401(a) or 408(a) trust)	[ ]	Form 4720	[ ]	Form 8870
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 5227		

STOP! **Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed** Form 8868.

• The books are in the care of ▶ KIMBERLY HEIN

Telephone No. ▶ _____ FAX No ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2010.

5 For calendar year _____, or other tax year beginning 07/01/2008, and ending 06/30/2009

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	NONE
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Rick S Rodenkirch Title ▶ Date ▶ 2/12/10

CBIZ MHM, LLC
11440 TOMAHAWK CREEK PARKWAY
LEAWOOD, KS 66211