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# SCANNED JAN 0 4 2010

Form 990-EZ Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public inspection

A	For th	he 2008 calendar year, or tax year beginning $JUL~1$ , $2008$ and ending $JUL~1$	<u> 1UN 3</u>	Ο,	2009	
	Check if applicate Addre chang	to sells	D Em	oloyer	identification number	
	Name change print or CENTRAL MINNESOTA ARTS BOARD 41-1349992					
╚	Initia	m (See   Notified and Street (at 1 0 box, it mains not delivered to street decises) (Notified			number	
	Term		3	<del>20-</del>	968-4290	
	lretur	ended trons City or town, state or country, and ZIP + 4	F Gro	up Exe	emption	
	Applic	FOLEY, MN 56329	Nu	mber 🕨		
	• Se		ounting m		Cash X Accrual	
			er (specify	4	<del></del>	
			ick 🕨 L		the organization is not	
					dule B (Form 990, 990-EZ, or 990-PF)	
		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	not more	than \$	25,000 A return is not	
	_	ed, but if the organization chooses to file a return, be sure to file a complete return			207 172	
	art i	nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990- Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in		► \$ for Pa		
ستسا	1	Contributions, gifts, grants, and similar amounts received		1	294,783.	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3		
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory		<u> </u>		
	b					
	3	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c		
ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	•			
en	a		,,			
Revenue	"	reported on line 1) 6a				
_	l h	Less direct expenses other than fundraising expenses 6b 6b				
	"	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		
	7a	Gross sales of inventory, less returns and allowances 7a				
	'L					
	6	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other revenue (describe ► SEE STATEMENT	. 4 )	8	12,390.	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	307,173.	
	10	Grants and similar amounts paid (attach schedule) STMT 5		10	188,945.	
	111	Benefits paid to or for members		11	•	
ç	12	Salaries, other compensation, and employee benefits		12	68,710.	
penses	13	Professional fees and other payments to independent contractors		13	4,750.	
e Be	14	Occupancy, rent, utilities, and maintenance 0 & 2009		14	4,655.	
Ä	15	Printing, publications, postage, and shipping		15	2,089.	
	16	Other expenses (describe SEE STATEMENT	1 1	16	23,917.	
	17	Total expenses. Add lines 10 through 16	<b>•</b>	17	293,066.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,107.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Ass		(must agree with end-of-year figure reported on prior year's return)		19	86,474.	
ë	20	Other changes in net assets or fund balances (attach explanation)		20		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21_	100,581.	
P	art II	Balance Sheets. If Total assets on line 25, column (8) are \$2,500,000 or more, file Form 990 instead	of Form 9	90-EZ		
		(See the instructions for Part II ) (A) Beginnin	g of year		(B) End of year	
22	Cas	sh, savings, and investments 116	735	- 22	132,335.	
23	Lan	nd and buildings		23		
24	Oth		788		7,492.	
25	Tot		,523		139,827.	
26	Tot		,049		39,246.	
27	<u>Net</u>	t assets or fund balances (line 27 of column (B) must agree with line 21)	,474	. 27	100,581.	
832	171	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructions for Form 990			Form <b>990-EZ</b> (2008)	

Forr	n 990-EZ (2008) CENTRAL MINNESOTA ARTS BO	ARD		41-	13499	92 Page 2
	art III Statement of Program Service Accomplishmen		Part III )			penses
Wha	at is the organization's primary exempt purpose? FUND LOCAL ART	S PROGRAMS				for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services		1 and (4) or 4947(a)(1	ganizations and ) trusts, optional
	vided, the number of persons benefited, or other relevant information for each pr				for others	
28	FUNDING LOCAL ART ORGANIZATIONS					
					] [	
	(Grants \$ 188,945.) If this amount includes foreign g	rants, check here	>		28a	<u>235,349.</u>
29						
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		29a	
30						
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>		30a	
31						
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		31a	
32	Total program service expenses (add lines 28a through 31a)			<b>&gt;</b>	32	235,349.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
					ontributions	
	(n) Name and address	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		position	<b>.</b> ,	1 -	pensation	outer unomanees
LE	SLIE SCHUMACHER	EXECUTIVE DIR	ECTOR		·	
	0 4TH AVE N, FOLEY, MN 56329	40.00	46,855.	ļ	0.	0.
		BOARD MEMBER				
	APIDS, MN 56379	1.50	0.	ł	0.	0.
	ARY JO HOLEWA	TREASURER				
	943 165TH AVE NE, FOLEY, MN 56329	4.60	0.		0.	0.
	ARON TRACY, 19463 PROCTOR RD NW,	SECRETARY		<del>                                     </del>		
	K RIVER, MN 55330	2.90	0.		0.	0.
		BOARD MEMBER				
	19 KNOLLWOOD DR, ST CLOUD, MN 56303	1	0.		0.	0.
	RIS RASMUSSEN	CHAIR				
	3 WOLLAK WAY, SAUK RAPIDS, MN 56379		0.		0.	0.
	ANE PAULU	BOARD MEMBER				
	2 15TH AVE S, BUFFALO, MN 55313	1.90	0.		0.	_ 0.
MI	KE EISENSTADT, 1736 KNOTTINGHAM	VICE CHAIR		<del> </del> -		
	R, SARTELL, MN 56377	1.50	0.	ļ	0.	0.
		BOARD MEMBER			<u> </u>	<u>_</u>
	5 1ST AVE N, SARTELL, MN 56377	1.00	0.		0.	0.
		BOARD MEMBER		<del> </del>	<u> </u>	
	545 180TH ST, BIG LAKE, MN 55309	1.00	0.	f	0.	0.
		BOARD MEMBER		<b></b> -		<del></del>
	NTICELLO, MN 55362	1.00	0.		0.	0.
FV	E MCANALLEN, 1551 HIAWATHA AVE ,	BOARD MEMBER		<b></b>		
	G LAKE, MN 55309	1.00	0.	1	0.	0.
<u> </u>	G DAKE, FIN 33303	1.00	<u></u>			
			<del></del>	ļ		
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		<u> </u>				
_						
_						
8321	72	<u> </u>		L		000 F7 (0000)
8321 12-1	7-08				⊦orm	990-EZ (2008)

Pa	ort V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			ĺ
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	ļ.,	X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	ļ	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Old the organization file Form 1120-POL for this year?	37b	<u></u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations Enter			
9	Initiation fees and capital contributions included on line 9  39a N/A			
þ	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		1	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	ļ	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958  Enter amount of tax on line 40c reimbursed by the organization			
đ	Enter amount of tax on line 40c reimbursed by the organization			
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e_		<u> </u>
41	List the states with which a copy of this return is filed ► MN	<del>-</del>		
42 a	The books are in care of ► LESLIE SCHUMACHER  Telephone no ► 320-96	$\frac{8-4}{6.22}$	<u> 290</u>	
	Located at ► PO BOX 458, 114 4TH AVE N, FOLEY, MN ZIP+4 ► 5	632	9	
b	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		Yes	No
	account)?	42b		X
	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.			v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / 70		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u></u>	
			V = -	NI-
			Tes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			v
	completed instead of Form 990-EZ	45	00.57	(2008)
		-nrm u	411-F/	(71111X)

Form 990-EZ (2008)

	EZ (2008) CENTRAL MINNESOTA ARTS			41-13499			
Part V		ion 501(c)(3) organizations mus	t answer question	s 46-49 and cor	nplete the		
	tables for lines 50 and 51						
	the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to d	candidates for public	_	Yes No		
office? If "Yes," complete Schedule C, Part I							
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
45 is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?							
	es," was the related organization(s) a section 527 organization?	ed Organization?		<u> </u>	49a X 49b		
	iplete this table for the five highest compensated employees (other th	an officers, directors, trustees and	kev emnlovees) who	_	<del></del>		
	ompensation from the organization. If there is none, enter "None"	an omeers, encoders, trestees and	key employees, une	Cach received inc	10 (1141) \$100,000		
• •							
		43.70		(D) Contributions			
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee	(E) Expense account and		
	than \$100,000	position		benefit plans & deferred	other allowances		
	NONE			compensation			
					1		
					<u> </u>		
					ļ		
	ber of other employees paid over \$100,000	<u> </u>		<u> </u>			
	plete this table for the five highest compensated independent contrac	ctors who each received more than	\$100,000 of compe	isation from the o	rganization If there		
IS NO	one, enter "None "						
	NONE			<del></del>			
	(a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of ser	vice (c)	Compensation		
	· · · · · · · · · · · · · · · · · · ·		1				
				<del></del>			
		<del></del>	1				
			· <del>-</del> \				
Total num	ber of other ipdependent contractors each receiving over \$100,000	•					
<u> </u>	Under perfaities of perjury, (declare that I have examined this return, including	g accompanying schedules and statemen	its, and to the best of m	knowledge and belie	ef, it is true,		
Sign	cohect, and complete beclaration of preparer (other than officer) is based on	all information of which preparer has any	knowledge	11-23	-09		
Here	Signature of officer			Date			
	Leslie Schumacher	Executive D	rector				
	Type or print name and title	-ALGAINC E	U + CrGi				
Paid	Preparer's signature ►	Date, Che	ck if self-	arer's Identifying Nu	mber (See instr.)		
Preparer's		1 // // - 0	oloyed >	alor 5 Taominying (val	inder (dad inder)		
Use Only	Rimis name (or yours MILLER WELLE HEISER &	CO., LTD.	EIN I	<b>&gt;</b>			
	if self-employed), 4170 THIELMAN LANE PC	•	Phon				
	address, and ZIP+4 ST. CLOUD, MN 56302-0		no		53-9505		
May the IF	RS discuss this return with the preparer shown above? See instruction			<b>&gt;</b>	Yes No		

### SCHEDÜLE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **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.

Inspection

OMB No 1545-0047

Name of the organization

**Employer identification number** 

		CENTRAL	MINNESOTA A	ARTS B	OARD				41	<u>-1349</u>	<u>992</u>	
Part I	Reason	for Public Char	ity Status (All organia	zations mu	st complet	te this par	t.) (see ins	tructions)				
The organ	ization is not a	private foundation	because it is: (Please ch	neck only o	ne organiz	zation.)						
1 🔲	A church, co	nvention of churche	s, or association of chur	rches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2 [_]	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	chedule E)								
3 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	<b>(A)(iii).</b> (At	tach Sche	dule 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, sta	ite, or local governm	ent or governmental uni	it describe	d ın sectio	n 170(b)(	1)(A)(v).					
7 <u>X</u> ]												
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🛄	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, and	d gross red	ceipts	from
			nctions - subject to certa									
	income and i	inrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	iter June 3	0, 197	75.
	See section	<b>509(a)(2).</b> (Complete	the Part III.)									
10			perated exclusively to te									
11			perated exclusively for ti									or
	more publicly	supported organiza	ations described in secti	ion 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(a	a)(3). Chec	ck the box	that	
		·· · · · ·	organization and compl		_							
	a Type !		* * * * * * * * * * * * * * * * * * * *		e III - Func					Type III · (		
e []			at the organization is not									
			han one or more publicl						9(a)(1) or s	ection 509	(a)(2).	
f	_		ten determination from	the IRS tha	atitisa Iy	pe I, Type	II, or Type	e III				F
		rganization, check th										
9			organization accepted a									
			lirectly controls, either a	ione or tog	jetner with	persons o	jescribed i	ın (ii) and (i	iii) below,	44~(i)	Yes	No
	-		upported organization?							11g(i)	<del>                                     </del>	
		•	n described in (i) above?		-2					11g(ii) 11g(iii)	<del>                                     </del>	
_			person described in (i)			norto				119(11)	L	l
h	Flovide the i	ollowing information	about the organizations	s the organ	iization sup	oports.						
			(iii) Type of	(iv) Is the	organization	(v) Did vo	u notify the	(vi) Is	the			
	of supported inization	(II) EIN	organization		sted in your			organizatio	on in col	nA (liv)	iount o port	ı
orga	iiiization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U S	2 111 1116	300	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1			1					
·												
									<u>.                                    </u>		_	
			_									
_	·											
				<u> </u>								
_												
Total		li l. l	<u></u>	1	<u> </u>			<u> </u>				
LHA For F	rivacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008

# Schedule A (Form 990 or 990-EZ) 2008 CENTRAL MINNESOTA ARTS BOARD 41-1349992 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)		<del> </del>			
Sec	tion A. Public Support	<u>,</u>						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not					204 702	1050050	
	include any "unusual grants.")	192,350.	236,278.	241,220.	293,627.	294,783.	1258258.	
2	Tax revenues levied for the organ-							
	ization'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	100 250	006 070	041 000	202 627	204 702	1050050	
4	Total. Add lines 1 - 3	192,350.	236,278.	241,220.	293,627.	294,783.	1258258.	
5	•							
	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)						1258258.	
	Public Support. Subtract line 5 from line 4	<u> </u>			<u>l</u>		1230230.	
	ction B. Total Support	4-3-0004	(h) 0005	(-) 000C	(-0.0007	(2) 2009	(f) Total	
	endar year (or fiscal year beginning in)	(a) 2004 192,350.	<u>(b) 2005</u> 236,278.	(c) 2006 241,220.	(d) 2007 293,627.	(e) 2008 294,783.	1258258.	
	Amounts from line 4	192,330.	230,270.	241/2200	23370276	231/103.	12302301	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	3,628.	7,160.	10,907.	9,056.	7,614.	38,365.	
_	and income from similar sources	3,020.	7,100.	10/307.	3,030.	,,,,,,,,		
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part IV.)	2,085.	576.	3,885.	6,132.	4,776.	17,454.	
44	Total support. Add lines 7 through 10	2,0001					1314077.	
12		etc (see instructi	ons)	<u> </u>	<u> </u>	12		
	First five years. If the Form 990 is fo	•	•	d, fourth, or fifth ta	ax vear as a sectio			
	organization, check this box and sto			.,	,			
Se	ction C. Computation of Publ		rcentage					
	Public support percentage for 2008 (			column (f))		14	95.75 %	
15	Public support percentage from 200					15	96.91 %	
16a	33 1/3% support test - 2008. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies						ightharpoons X	
t	33 1/3% support test - 2007. If the	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qua							
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"						▶ □	
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or	
	more, and if the organization meets t							
	organization meets the "facts-and-cir						▶ 🛄	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2008

Pŧ	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									
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and					}			
	membership fees received. (Do not			ļ					
	include any "unusual grants.")					<u> </u>			
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					i			
	are not an unrelated trade or bus-								
	iness under section 513					<u> </u>			
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to					1			
	the organization without charge		J	j		] ]			
6	Total. Add lines 1 - 5								
_	Amounts included on lines 1, 2, and					· · · · · · · · · · · · · · · · · · ·			
•	3 received from disqualified persons								
	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								
	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)	,							
	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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								
ŧ	Unrelated business taxable income					i i			
	(less section 511 taxes) from businesses acquired after June 30, 1975			:					
	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								
12	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	· · · · · · · · · · · · · · · · · ·			1	1	<del></del>		
	First five years. If the Form 990 is fo	r the expenses of	a first assessed this	i	tay year on a costi	on 501/c)/3) organiz:	ation		
14		r the organization:	s iirst, second, thi	ra, iourtii, or iiitii i	lax year as a secti	on sor(c)(s) organiza	<b>■</b>		
<u></u>	check this box and stop here	io Support Pa	roontogo						
	ction C. Computation of Publ					145			
	Public support percentage for 2008 (	• • • • • • • • • • • • • • • • • • • •	•	column (t))		15	<u>%</u>		
16	Public support percentage from 2007					16			
	ction D. Computation of Inve				<del> </del>	T 1			
17	• •	•				17	<u>%</u>		
18	Investment income percentage from				•	18	<u> </u>		
19:	a 33 1/3% support tests - 2008. If the								
	more than 33 1/3%, check this box a						▶		
t	33 1/3% support tests - 2007. If the						nd		
	line 18 is not more than 33 1/3%, che						<b>P</b>		
20	The state of the s								
					Sc	hedule A (Form 990	or 990-EZ) 2008		

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
PROJECT DEVELOPMENT			3,28	86.
WEBSITE			1,14	8.
TELEPHONE			2,78	
OFFICE SUPPLIES TRAVEL BOARD & STAFF			3,10 4,62	
MEMBERSHIP DUES				33.
MISCELLANEOUS			4,16	
STIPEND				0.
DEPRECIATION			1,52	
INSURANCE			1,47	
DEVELOPMENT EXPENSE			56	55.
TOTAL TO FORM 990-EZ, LINE 16			23,91	.7.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	∆R
ACCOUNTS RECEIVABLE		3,286.	2,50	00.
PREPAID EXPENSES		1,052.	1,51	
OTHER DEPRECIABLE ASSETS		4,450.	3,47	
TOTAL TO FORM 990-EZ, LINE 24		8,788.	7,49	2.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	ıR
PANY OVERDRAEM		901.		0.
BANK OVERDRAFT ACCOUNTS PAYABLE		284.	1	2.
ACCRUED WAGES & PAYROLL TAXES		5,414.	6,14	
GRANTS PAYABLE		32,450.	33,08	
TOTAL TO FORM 990-EZ, LINE 26		39,049.	39,24	6.

FORM 990-EZ	OTHER REVENUE		STATEMENT	4
DESCRIPTION			TRUOMA	
INTEREST INCOME MISCELLANEOUS			7,6 4,7	
TOTAL TO FORM 990-EZ, LINE 8			12,3	90.
FORM 990-EZ CASH GR	ANTS AND ALLOCA	ATIONS	STATEMENT	5
CLASS OF ACTIVITY/DONEE'S NAME A	ND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	T
PROJECT GRANT KIMBALL COMMUNITY PLAYHOUSE PO BOX 368, 100 HWY 55 W KIMBALL, MN 55353		NONE	2,5	00.
PROJECT GRANT ST CLOUD SYMPHONY ORCHESTRA PO BOX 234, 819 ST GERMAIN ST W ST CLOUD, MN 56302		NONE	2,5	00.
PROJECT GRANT MINNESOTA SINFONIA 901 N 3RD ST MINNEAPOLIS, MN 55401		NONE	2,5	00.
PROJECT GRANT IVAN SAND COMMUNITY SCHOOL 1232 SCHOOL ST ELK RIVER, MN 55330		NONE	2,5	00.
PROJECT GRANT ELK RIVER AREA ARTS ALLIANCE 716 MAIN ST NW ELK RIVER, MN 55330		NONE	2,5	00.
PROJECT GRANT GREAT RIVER CHORALE PO BOX 945		NONE	2,1	85.

ST CLOUD, MN 56301

CENTRAL MINNESOTA ARTS BOARD		41-1349992
PROJECT GRANT GREAT RIVER EDUCATIONAL THEATER 919 W ST GERMAIN ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT MINNESOTA CENTER CHORALE PO BOX 471 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT MN DANCE ENSEMBLE 913 W ST GERMAIN ST ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT MELROSE COMMUNITY EDUCATION 546 N 5TH AVE E MELROSE, MN 56352	NONE	2,315.
PROJECT GRANT SCSU MUSIC DEPARTMENT 720 4TH AVE S ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT CHAMBER MUSIC SOCIETY 714 6TH AVE N, PO BOX 205 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT THE ST JOHN'S BOYS' CHOIR 1 SWAYED PINES RD, PO BOX 2000 COLLEGEVILLE, MN 56321	NONE	2,500.
PROJECT GRANT BUFFALO COMMUNITY ORCHESTRA 301 NE 2ND AVE, PO BOX 707 BUFFALO, MN 55313	NONE	2,500.
PROJECT GRANT SAUK RAPIDS RICE COMMUNITY EDUCATION 901 S 1ST ST SAUK RAPIDS, MN 56379	NONE	2,500.
PROJECT GRANT MUNSINGER CLEMENS BOTANICAL SOCIETY PO BOX 6277 ST. CLOUD. MN. 56202	NONE	2,350.

ST CLOUD, MN 56302

CENTRAL MINNESOTA ARTS BOARD		41-1349992
PROJECT GRANT MILLSTREAM ARTS FESTIVAL PO BOX 448 ST JOSEPH, MN 56374	NONE	900.
PROJECT GRANT CENTRAL MN MUSIC SCHOOL 823 1ST ST S, PO BOX 162 ST CLOUD, MN 56302	NONE	1,450.
PROJECT GRANT MINNESOTA CENTER CHORALE PO BOX 471 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT VISUAL ARTS MN 913 ST GERMAIN ST ST CLOUD, MN 56301	NONE	2,100.
PROJECT GRANT WRIGHT RINGERS 1812 HIGHWAY 25 S BUFFALO, MN 55313	NONE	770.
PROJECT GRANT KIMBALL COMMUNITY PLAYHOUSE PO BOX 368, 100 HWY 55 W KIMBALL, MN 55353	NONE	2,500.
PROJECT GRANT CHAMBER MUSIC SOCIETY OF ST CLOUD 714 6TH AVE N, PO BOX 205 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT ELK RIVER AREA ARTS ALLIANCE 716 MAIN ST NW, PO BOX 737 ELK RIVER, MN 55330	NONE	2,500.
PROJECT GRANT PARAMOUNT THEATRE & VISUAL ARTS CENTER 913 W ST GERMAIN ST ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT ST CLOUD AREA ALL STAR JAZZ BAND 2613 STEARNS WAY	NONE	2,030.

ST CLOUD, MN 56303

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CENTRAL MINNESOTA ARTS BOARD		41-1349992
PROJECT GRANT ALBANY AREA COMMUNITY EDUCATION PO BOX 330 ALBANY, MN 56307	NONE	1,138.
PROJECT GRANT KIMBALL COMMUNITY EDUCATION PO BOX 368, 100 HWY 55 W KIMBALL, MN 55353	NONE	2,500.
PROJECT GRANT BUFFALO COMMUNITY THEATER PO BOX 23 BUFFALO, MN 55313	NONE	2,500.
PROJECT GRANT MONTICELLO STRINGS PO BOX 428 MONTICELLO, MN 55362	NONE	1,585.
PROJECT GRANT DELANO - GENERAL FEDERATED WOMEN'S CLUB 516 PRAIRIE CREEK DR DELANO, MN 55328	NONE	1,885.
PROJECT GRANT BUFFALO COMMUNITY MIDDLE SCHOOL 1300 HWY 25 N BUFFALO, MN 55313	NONE	500.
PROJECT GRANT SAUK CENTRE ARTS COUNCIL 306 ELM ST N SAUK CENTRE, MN 56378	NONE	2,100.
PROJECT GRANT CENTRE AREA CONCERT ASSOCIATION 533 EASTVIEW DR SAUK CENTRE, MN 56378	NONE	2,225.
PROJECT GRANT THE ST JOHN'S BOYS' CHOIR 1 SWAYED PINES RD, PO BOX 2000 COLLEGEVILLE, MN 56321	NONE	2,500.
PROJECT GRANT GREAT RIVER EDUCATIONAL ART THEATER 919 W ST GERMAIN ST SUITE 3000 ST CLOUD, MN 56301	NONE	2,500.

CENTRAL MINNESOTA ARTS BOARD		41-1349992
PROJECT GRANT COLLEGE OF ST BENEDICT 37 COLLEGE AVE S ST JOSEPH, MN 56374	NONE	2,500.
PROJECT GRANT CLEARVIEW ELEMENTARY SCHOOL 7310 HIGHWAY 24 CLEAR LAKE, MN 55319	NONE	1,700.
PROJECT GRANT BUFFALO COMMUNITY ORCHESTRA 301 NE 2ND AVE, PO BOX 707 BUFFALO, MN 55313	NONE	2,500.
PROJECT GRANT ST CLOUD SYMPHONY ORCHESTRA PO BOX 234 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT GREAT NORTHERN THEATRE COMPANY PO BOX 504 COLD SPRING, MN 56320	NONE	2,500.
PROJECT GRANT SINCLAIR LEWIS FOUNDATION 13 7TH ST S SAUK CENTRE, MN 56378	NONE	1,800.
PROJECT GRANT THE ST JOHN'S BOYS' CHOIR 1 SWAYED PINES RD, PO BOX 2000 COLLEGEVILLE, MN 56321	NONE	2,500.
PROJECT GRANT YOUTH CHORALE OF CENTRAL MN 212 4TH ST SE LITTLE FALLS, MN 56345	NONE	2,450.
PROJECT GRANT PARAMOUNT ARTS RESOURCE TRUST 913 W ST GERMAIN ST ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT ELK RIVER COMMUNITY THEATRE 400 JACKSON AVE	NONE	2,500.

ELK RIVER, MN 55330

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CENTRAL MINNESOTA ARTS BOARD		41-1349992
PROJECT GRANT GREAT RIVER CHORALE PO BOX 945 ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT GREAT RIVER EDUCATIONAL ART THEATER 919 W ST GERMAIN ST CLOUD, MN 56301	NONE	2,500.
PROJECT GRANT MINNESOTA CENTER CHORALE PO BOX 471 ST CLOUD, MN 56302	NONE	2,500.
PROJECT GRANT ELK RIVER AREA ARTS ALLIANCE 716 MAIN ST NW, PO BOX 737 ELK RIVER, MN 55330	NONE	2,283.
PROJECT GRANT SCSU MUSIC DEPARTMENT 720 4TH AVE S ST CLOUD, MN 56301	NONE	1,800.
PROJECT GRANT BOYS & GIRLS CLUB 345 30TH AVE N ST CLOUD, MN 56303	NONE	2,500.
PROJECT GRANT BUFFALO HIGH SCHOOL 877 BISON BLVD BUFFALO, MN 55313	NONE	2,453.
PROJECT GRANT ELK RIVER HIGH SCHOOL 900 SCHOOL ST ELK RIVER, MN 55330	NONE	1,500.
INDIVIDUAL ARTIST AWARD SAM SPICZKA 317 7TH ST N APT 58 SARTELL, MN 56377	NONE	3,000.
INDIVIDUAL ARTIST AWARD CECIL WADE 9901 65TH ST NE FOLEY, MN 56329	NONE	3,000.

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CENTRAL MINNESOTA ARTS BOARD		41-1349992
INDIVIDUAL ARTIST AWARD SHIRLEY JEAN HOVE 28617 JADE RD ST CLOUD, MN 56301	NONE	3,000.
INDIVIDUAL ARTIST AWARD MARY OPATZ HERGES 614 11TH ST N ST CLOUD, MN 56303	NONE	3,000.
SMALL CAPITAL GRANTS DELANO MIDDLE SCHOOL 700 ELM AVE DELANO, MN 55328	NONE	4,000.
SMALL CAPITAL GRANTS FOLEY HIGH SCHOOL 621 PENN STREET FOLEY, MN 56329	NONE	4,000.
SMALL CAPITAL GRANTS TALAHI COMMMUNITY SCHOOL 1321 UNIV DR SE ST CLOUD, MN 56304	NONE	2,626.
GENERAL OPERATING GRANT ELK RIVER COMMUNITY THEATRE 400 JACKSON AVE, STE 105 ELK RIVER, MN 55330	NONE	4,550.
GENERAL OPERATING GRANT ST CLOUD AREA ALL STAR JAZZ BAND 2613 STEARNS WAY ST CLOUD, MN 56303	NONE	2,000.
GENERAL OPERATING GRANT MINNESOTA JAZZ ENSEMBLE 913 W ST GERMAIN ST ST CLOUD, MN 56301	NONE	1,200.
GENERAL OPERATING GRANT COMMAND PERFORMANCE CHOIRS PO BOX 95 ELK RIVER, MN 55330	NONE	4,738.
GENERAL OPERATING GRANT QUITE LIGHT OPERA COMPANY 29413 KIWI COURT ST JOSEPH, MN 56374	NONE	2,400.

CENTRAL MINNESOTA ARTS BOARD		41-1349992
GENERAL OPERATING GRANT BUFFALO COMMUNITY ORCHESTRA 301 NE 2ND AVE, PO BOX 707 BUFFALO, MN 55313	NONE	2,539.
GENERAL OPERATING GRANT/TECH ASST GRANT GREAT RIVER CHORALE PO BOX 945 ST CLOUD, MN 56301	NT NONE	1,743.
GENERAL OPERATING GRANT GRANITE CITY FOLK SOCIETY 4302 225TH ST ST AUGUSTA, MN 56301	NONE	2,500.
GENERAL OPERATING GRANT CENTRAL MN MUSIC SCHOOL 823 1ST ST S, PO BOX 162 ST CLOUD, MN 56302	NONE	5,000.
GENERAL OPERATING GRANT MINNESOTA CENTER CHORALE PO BOX 471 ST CLOUD, MN 56302	NONE	5,000.
GENERAL OPERATING GRANT VISUAL ARTS MN 913 ST GERMAIN ST ST CLOUD, MN 56301	NONE	2,880.
GENERAL OPERATING GRANT ELK RIVER AREA ARTS ALLIANCE 716 MAIN ST NW, PO BOX 737 ELK RIVER, MN 55330	NONE	5,000.
ARTIST IN RESIDENCY GRANT MISSISSIPPI HEIGHTS 1003 S 4TH ST SAUK RAPIDS, MN 56379	NONE	1,500.
ARTIST IN RESIDENCY GRANT ELK RIVER HIGH SCHOOL 900 SCHOOL ST ELK RIVER, MN 55330	NONE	2,500.
ARTIST IN RESIDENCY GRANT ALBANY AREA SCHOOLS 30 FOREST AVE ALBANY, MN 56307	NONE	2,500.

CENTRAL MINNESOTA ARTS BOARD		41-1349992
TECHNICAL ASST GRANT ST CLOUD CHAMBER ORCHESTRA PO BOX 234 ST CLOUD, MN 56302	NONE	250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

188,945.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	<b>PATEN</b>	1ENT	6
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[	]	YES	[X]	ио
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	]	YES	[X]	NO

### Form **8868**

(Rev. April 2009)

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

OMB No. 1545-1709

nternal Rev	enue Service	► File a separate application for each return.					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  To 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 corpora Part I onl		Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		▶ □		
o file inc	ome tax returns.	fing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an					
noted be not auto you must	low (6 months for a matic) 3-month extent t submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file on e-file for Chanties & Nonprofits.	cally if isolida	(1) you want the ted Form 990-T.	additional		
Type or print	Name of Exemp		Empl	oyer identificati	on number		
	CENTRAL	MINNESOTA ARTS BOARD	4	L-1349992	2		
File by the due date for thing your return See		and room or suite no. If a P.O. box, see instructions.  58, 114 4TH AVE N					
nstructions	City, town or po FOLEY, M	st office, state, and ZIP code. For a foreign address, see instructions N 56329					
Check ty	pe of return to be	filed (file a separate application for each return):					
Foi	rm 990 rm 990-BL rm 990-EZ rm 990-PF	Form 990-T (corporation)  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Form 1041-A  Form 88	27 69				
Telepi If the If this	hone No. ► 320 organization does r is for a Group Retu	LESLIE SCHUMACHER  of ▶ PO BOX 458, 114 4TH AVE N - FOLEY, MN 5  -968-4290 FAX No. ▶  not have an office or place of business in the United States, check this box  irn, enter the organization's four digit Group Exemption Number (GEN) If this  tof the group, check this box ▶ ☐ and attach a list with the names and EINs of all in	s is for	the whole group			
	1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 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  ▶ ☒ tax year beginning ☐ JUL 1, 2008 , and ending ☐ JUN 30, 2009 .						
2 If t	his tax year is for le	ss than 12 months, check reason: Initial return Final return		Change in accou	nting period		
3a If t	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nrefundable credits		3a	\$			
		r Form 990-PF or 990-T, enter any refundable credits and estimated	3b	\$			
		nclude any prior year overpayment allowed as a credit.  ct line 3b from line 3a. Include your payment with this form, or, if required,	30	<u> </u>			
		pon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			4-		
<u>Se</u>	e instructions		3с	\$	N/A		
Caution	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.						
LHA I	For Privacy Act an	d Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b>	(Rev 4-2009)		