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Form **990**

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

D Ir	epar tern	tment al Re	of the Treasury venue Service		► The orga	nization may have to u	se a copy of th	nis return to sat	tisfy state rep	ortang requirer	ments.	Op	en to Pub	ic Insp	ection
ລ		Fort	he 2009 calen	dar year, e	or tax year l	beginning Jul	1	, 200	9, and end	ing Jun	30		, 2010		
E E	3 (Check	ıf applicable.	[C Name of	organization					D Employ	er ideni	tification Nu	nber	
			ddress change	Please use IRS label	THE ART	IS PARTNERS	HIP OF	THE RED	RIVER	VALLEY	23-	7108	936		
		١	lame change	or print or type.	Number a	and street (or PO box it	mail is not de	livered to street	addr) Roon	v/suite	E Telepho	ne num	ber		
		ı	nitial return	See specific Instruc-	1104 21	ND AVENUE S	OUTH		31	5	(70:	<u>.) 2</u>	37-613	13	
7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		ַן ∏	ermination	tions.	City, town	or country		Stat	te ZIP code -	+ 4	ŀ				
		∐ <i>⁴</i>	Amended return		FARGO			NI	58103	3-1791			\$ 174	,070	
જો જ ો []		∐ £	application pending			principal officer					a group retur		iliates?	Yes	X No
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<u>~</u> ^I			x-exempt statu		(c) (3) (insert no)		47(a)(1) or	527	_		_			
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	_		m of organization	X Corpora	ation Tru	st Association	Other ►		L Year of Forr	nation-	M s	tate of	legal domicil	e: ND	
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	Activities & Governance														
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	85 85	3				governing body (F				•			15		
	8	4	Total number	-	-	mbers of the gove	rning body	(Part VI, line	е іб)	٠	•	5	15		
	₹	6		•	•	ate if necessary)	•	•			•	6	10		
	٨	7:				enue from Part VI	II, Icolumn	(C), ine 12				7a			0.
						ome from Form 9					•	7b			0.
											Prior Year		Cur	rent Ye	ar
		8	Contributions	and gran	its (Part VIII	l, line 1h)					152,3	30.		129,	565.
	Revenue	9	Program sen	vice reven	ue (Part VII	I, line 2g) .					24,7	87.			000.
	ě	10				mn (A), lines 3, 4				·	-16,4				<u>,358.</u>
1	-	11	Other revenu	ie (FarEVI	DENAME (7), lines 5, 6d, 8c	, 9c, 10c, a	nd 11e)				20.			147.
-	4	12				ah 11 (must equal			ine 12)		161,6	_		174,	070.
		13	Grants and s	imilar am	ounts paid (Part Kacolumn (A	A), lines 1-3	3)			69,0	<u>, 00.</u>	 		
		14	1			1/61		(A)	 - E 10\	·	26 5	22			050
	8	15	,			ployee benefits (P		iliii (A), iiile:	S 3-10)	` · 	36,5	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		31,	958.
	Expenses					triX, column (A), I			_	3. 3. 13d	· Secretice	Harry -	my Bight and	T 30 1 15	F 17 18 18 18 18 18
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	_]		•	-		(A), lines 11a-11d,	=	•		ļ	44,9				<u>975.</u>
		18				must equal Part IX		A), line 25)	٠		150,4	_			933.
~	Į	19	Revenue less	s expense	s Subtract	line 18 from line 1	2				11,1				137.
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F		22		r fund bala		ract line 21 from li	ne 20		· -		178,1	.43.	L	197,	<u>, 280 .</u>
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5	Sig He		true, correct,	es of perjury, and complete	Declaration o	have examined this ret f preparer (other than o	urn, including a flicer) is based	accompanying s on all informati	ion of which pr	statements, ar eparer has an	id to the best of y knowledge.	ot my ki	nowledge and	Dellet, it	: IS
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_			address, and ZIP + 4	WES	T FARGO)		ND 580	078		Phone no				
1	Иay	the	IRS discuss th	ns return v	with the pre	parer shown above	e? (see inst	tructions)					X Ye	s	No

	990 (2009) TI	HE ARTS PAR	TNERSHIP OF TH	E RED RIVER VAL	TEA	23-7	108936	Page 2
Par	t训験 Staten	nent of Progr	am Service Acco	mplishments				
1	Briefly describe t	he organization's	mission.					
٠	THE AGENCY	WAS ESTAB	LISHED FOR TH	E				.
	PURPOSE OF	PROVIDING	LEADERSHIP A	ND SUPPORT TO	THE LOCAL CULTU	RAL ARTS	·	
2	_			• •	ir which were not listed o	n the prior		_
	Form 990 or 990						∐ Yes	X No
	•		ces on Schedule O.					_
3	-		•	ant changes in how it o	conducts, any program se	ervices?	∐ Yes [X No
	If 'Yes,' describe	-						
	and 501(c)(4) or	ganizations and s	nevements for each of section 4947(a)(1) trus or each program servic	ts are required to repor	e largest program service t the amount of grants a	es by expense nd allocations	s. Section 501(a to others, the to	c)(3) otal
4a	(Code.) (Expenses	\$	including grants of	\$	_) (Revenue	\$)
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41	(Code:) (Expenses	\$	including grants of	\$	_) (Revenue	\$)
								
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40	Code·) (Expenses	٠	including grants of	\$	_) (Revenue	۶	
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		·						
		·						
40	Other program s	ervices (Describ	e in Schedule O.)					
	(Expenses \$			nts of \$) (Revenue	\$)
40	Total program s	ervice expenses	· •					

•			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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 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 similar funds or 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		 	
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		1	٠, ٠,
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	:		}
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		,	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X.		.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional]
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	<u> </u>	x
∠U	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY 23-7108936 Page 4 Part IVE Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Schedule J . . 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and **24**a 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 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete 25b X 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X 28c X

	Schedule L, Part IV
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I
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 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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X

X

X

X

X

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 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1 h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? ... 2Ь 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 X 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? 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 7 c Form 8282? . . X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . 76 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . 8 X Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . 9a X **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

BAA

Form 990 (2009)

12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A.	Governing B	ody and Man	agement								
										Y	es	No
1 a	Enter the	number of voting	members of the	governing body			$\overline{}$	15	Îr.		1	100
b	Enter the	number of voting	members that a	re independent			1 <u>b</u>	15		(1)	-	Fig.
2	Did any officer, d	officer, director, tru irector, trustee or	ustee, or key emp key employee?	oloyee have a fa	amily relation	nship or a business rel	ations	hip with any ot		2	, G 2	X
3	Did the o	organization delega s, directors or trus	ate control over nates, or key emp	nanagement dut ployees to a mai	ties customa nagement co	rily performed by or us	nder th	ne direct super		3		x
4	Did the o	rganization make	any significant c	hanges to its or	ganizatıonal	documents				4	ヿ	x
	since the	prior Form 990 w	as filed?	·		•						
5	Did the d	organization becon	ne aware during t	the year of a ma	aterial divers	ion of the organization	's ass	ets? .		5		<u> </u>
6	Does the	organization have	e members or sto	ckholders? .		•				6		X
7 a		organization have g body? .	e members, stock	cholders, or other	er persons w	ho may elect one or m	nore m	embers of the		7 a		x
b	Are any	decisions of the go	overning body su	bject to approva	l by member	rs, stockholders, or oth	ner pe	rsons?		7b		x
	the follow	ving:	mporaneously do	cument the mee	etings held o	r written actions under	taken	during the yea	r by			
	•	erning body?				•			—		X	
		mmittee with autho	-	. •	•	•				8Ы :	x	
	organiza	tion's mailing addi	ress? If 'Yes,' pro	ovide the names	and addres	II, Section A, who can ses in Schedule O				9		х
			his Section B	requests inf	ormation a	about policies not	requ	ired by the	Internal			
Reve	nue Code	<u>;) </u>								1,,		
10.	Door the	organization hour	a local chanters	branches ar off	filiotoo?				[4	-	es	No_
		organization have	, ,	•					<u> </u>	0 a	\dashv	<u> </u>
	and bran	iches to ensure the	eir operations are	consistent with	those of the	_		•	1	0Ь		
						of its governing body b	efore	filing the form?			X	Con Ho
					-	review this Form 990					1,1.6.10	
		organization have		•						2a	-	<u> </u>
	to conflic	cts?				se annually interests		_	_	2b	_	
					nd enforce co	ompliance with the pol	icy? If	'Yes,' describe		2 c	_	
		organization have							1	_	_	<u> </u>
		organization have							<u> </u>	4	. 5 1	<u>X</u> _
						include a review and a e deliberation and dec	approv	al by independ	lent 🖟		2	
	_	inization's CEO, E			ement official				1	5a	_	<u> </u>
b		icers of key emplo	,							5b] ∹⊊	- 4	X
	If 'Yes' to	o line 15a or 15b,	describe the prod	cess in Schedule	e O. (See ins	structions)			1	•	187	
16 a		organization invest ring the year?	in, contribute as	sets to, or parti	cipate in a jo	oint venture or similar	arranç	ement with a t	UNU010	்ஃ 6a		X X
b	If 'Yes.'	has the organization	on adopted a writ	tten policy or pro	ocedure requ	iring the organization en steps to safeguard	to eva	luate its partic	ination :	774 14 1.11 1-1	* 7 3 3 4 3 4 5 4 5 4 5 4 5 6 5 6 6 6 6 6 6 6 6 6 6	
	status w	th respect to such	arrangements?	ible lederal tax	iaw, and tak	en steps to saleguaru	trie or	yanızadon s ex	empt 1	6 b		MB3-L
Sec	tion C.	Disclosures				· · · · · · · · · · · · · · · · · · ·						
17	List the	states with which a	copy of this For	m 990 is require	ed to be filed	·						
18	inspection	n. Indicate how yo	ou make these av	alable Check	all that apply		n d 99 0)-T (501(c)(3)s	only) avaıla	ble fo	r pul	olic
		website	☐ Another's w		X Upon i	•						
19	stateme	nts available to the	public	-		s its governing docum					ancı	al
20		e name, physical a		phone number of 2ND AVEN	-	who possesses the be	ooks a	nd records of t _ 58107	he organiza		7-6	133

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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	compens	ate ar	іу сι	ırrer	nt of	ficer, o	direc	ctor, or trustee		
(A)	(B)	i	(D)	(E)	(F)					
Name and Title	Average hours					hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividual fructee	nshluhoval kustee	Officer	key amployee	Higt est compങ്ങങ്ങൾ employae	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		कृष्ट इ	let to		iploye	an Com	·			and related organizations
		77	กรุง		4	SELIAS				
			3			red				
Martha Keeler Olsen									_	_
EXECUTIVE DIRECTOR	20.00		<u> </u>	ļ	X			17,472.	0.	0.
Thomas Riley	0 00									•
DIRECTOR	0.00	X	-	┝				0.	0.	0.
Joni Janz DIRECTOR	0.00	Y						0.	0.	0.
Jay Krabbenhoft	0.00				一		-			
DIRECTOR	0.00	x						o.	0.	0.
Gene Okerlund										
DIRECTOR	0.00	X		<u> </u>				0.	0.	0.
Eric Dauber										
DIRECTOR	0.00	X						0.	0.	0.
James Ferragut	ا م	3.5							•	
DIRECTOR Shelly Hurt-Geist	0.00	<u> </u>		-	\vdash			0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
Ryan Lavalle	0.00									<u>_</u>
DIRECTOR	0.00	x						o.	0.	0.
Eric Runestad										
DIRECTOR	0.00	X	L.	_	_		<u> </u>	0.	0.	0.
Pam Gibb							١.		_	
DIRECTOR	0.00	X	<u> </u>	<u> </u>	 			0.	0.	0.
Beth Fortier DIRECTOR	0.00	x						0.	0.	0.
Carol Schlossman										
DIRECTOR	0.00	x						0.	0.	0.
Brad Bachmeier										
DIRECTOR	0.00	X	<u> </u>	<u> </u>	L_			0.	0.	0.
Erin Koffler DIRECTOR	0.00	x						0.	0.	0.
Rebecca Sundet-Schoenwald					Г					
DIRECTOR	0.00	x						0.	0.	0.
				l	<u> </u>	l.	L	L !		L

Form 990 (2009) THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY

23-7108936

Page 8

, 41	, ,	T Statement of Re	venue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
1		Fada ata da assas atas a	 -	• - 1			revenue	, 	512, 513, or 514
SF SF		Federated campaigns .		1a 1b	0.225		-		
88		Membership dues .	-:}	1c	9,225.	1	1	-	,
Ş,Ţ		Fundraising events Related organizations		1d			•		
المِّ إِنَّ		Government grants (contribution		1e	113,840.				
SS		-	Г	16	113,040.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included a	bove	1f	6,500.	:		ı	
E S	_	Noncash contribns included in		. \$_					
_	<u>h</u>	Total. Add lines 1a-1f	· ·	<u> </u>	<u> </u>	129,565.			
ğ	_			-	Business Code	4- 4-			
Ē		ART FORUM ART				17,180.	17,180.	0.	0.
Ä.		BISON ART PROJ			·	1,030.	1,030.	0.	0.
Ž		BUSINESS ADVOC	ATES			1,393.	1,393.	0.	0.
8		ARTS LAB GRANT				10,000.	10,000.	0.	0.
ξ		ARTS ADVOCATES		+		6,397.	6,397.	0.	0.
PROGRAM SERVICE REVENUE		All other program servic	e revenue	L					
-		Total. Add lines 2a-2f		 _	<u> </u>	36,000.		·	
1	3	Investment income (incliother similar amounts)	uding divid	ends,	interest and	4,358.	4,358.	0.	o.
		Income from investment		mnt h	ond proceeds ►	4,330.	4,330.		.
ŀ		Royalties	OI LOX-CAC	inpt b	ona proceeds				
1	,	Moyanies	(ı) Rea		(ii) Personal				
	6a	Gross Rents .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Less. rental expenses					1		
		Rental income or (loss)							}`
1		Net rental income or (los	56)						
		` ((i) Secur	rties	(ii) Other				
-		Gross amount from sales of assets other than inventory.							
-		, i							
		Less, cost or other basis and sales expenses .							
l		Gain or (loss)				-			
		Net gain or (loss)			>				
ä	8a	Gross income from fund (not including . \$	raising eve	ents			,		
		of contributions reported	l on line 1	·/					
OTHER REVEN		See Part IV, line 18 .	on line it	.). a					
꽃		Less: direct expenses		b			,		
5		Net income or (loss) from	 m fundrais	_					<u> </u>
	9a	Gross income from gam See Part IV, line 19		es.		3			
Ì		Less. direct expenses .	• •	a . b					
		Net income or (loss) from			L				
- 1			-						
		Gross sales of inventory and allowances		а				,	
- }		Less: cost of goods sold		b					
}	с	Net income or (loss) fro		inven		 			
ŀ	11 -	Miscellaneous Reven	ue		Business Code	F30	F30		
		EVENT REVENUE				532.	532.	0.	0.
ł	D.	ARTS ADVOCATES				3,615.	3,615.	<u> </u>	0.
l	C .	All other revenue		+				 	
				· L		A 147			2
		Total. Add lines 11a-110		• • • •		4,147.		0.	
	14	Total revenue. See instr	uctions	•	<u> </u>	1 14,070.	44,505.	<u></u>	0.

Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) All other organizations must comp) and 501(c)(4) organiza elete column (A) but are	•		d (D).
До I 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		· · · · · · · · · · · · · · · · · ·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			4 1 44 2 5	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members			<i></i>	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,632.	0.	35,632.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,326.	0.	2,326.	0.
11	Fees for services (non-employees)				
	Management				
I	blegal				
	C Accounting	950.	0.	950.	0.
	d Lobbying			ļ	
	e Prof fundraising svcs. See Part IV, In 17 .			<u> </u>	
	Investment management fees				
	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy .	3,490.	<u> </u>	3,490.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	176.	0.	176.	0.
23	Insurance	352.	<u> </u>	352.	0.
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)	,	٠		. ,
,	a EVENT EXPENSE	3,241.	0.	3,241.	0.
	b TELEPHONE	2,049.	0.	2,049.	0.
	COPIER	1,668.	0.	1,668.	0.
	d POSTAGE	641.	0.	641.	0.
	e SUPPLIES	832.	0.	832.	0.
	f All other expenses	103,576.	0.	103,576.	0.
	Total functional expenses. Add lines 1 through 24f	154,933.	0.	154,933.	0.
_	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		<u>.</u>	201,000.	
BAA					Form 990 (2009)

	<u> </u>	Dalatice Stieet			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	177,966.	1	197,280.
	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 .		6	
SETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. 10a	,		
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	177.	10 c	
	11	Investments – publicly-traded securities		11	
Ų	12	Investments – other securities. See Part IV, line 11		12	
İ	13	Investments – program-related. See Part IV, line 11		13	
ŀ	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	178,143.	16	197,280.
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
Ì	19	Deferred revenue		19	
-	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	,	- '	,
<u> </u>		of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
- N		Organizations that follow SFAS 117, check here ► X and complete lines			
7		27 through 29 and lines 33 and 34.			
ŞΙ	27	Unrestricted net assets	178,143.	27	197,280.
Ę	28	Temporarily restricted net assets	 :	28	
š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here and complete		1	
E		lines 30 through 34.			
OZC OZC	30	Capital stock or trust principal, or current funds		30	
及	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
B4ー4之いい	33	Total net assets or fund balances	178,143.	33	197,280.
\$	34	Total liabilities and net assets/fund balances	178,143.	34	197,280.

Form **990** (2009)

orr	m 990 (2009) THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY 23-71089) 36	Pa	age 12
Ŗã	於以際 Financial Statements and Reporting			
٠			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	_x_
	b Were the organization's financial statements audited by an independent accountant?	2b	X	
	c If 'Yes' to line 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?	20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>		
3	Ba 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?	3 a	,	x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	t 3t		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ARTS PARTNERSHIP OF THE RED RIVER VALLEY 23-7108936 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(1). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type III- Other **b** | Type II c | Type III - Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (1) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (Iv) is the rganization in col
(i) listed in your (v) Did you notify the organization in col (i) of (1) Name of Supported Organization (ii) EIN (vi) Is the ganization in col (vii) Amount of Support (f) organized in the your support? governing document? Yes No Yes No Yes No Total

Schedule A (Form 990 or 990-EZ) 2009 THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY 23-7108936 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Car	(Complete only if you checke	d the box on line t	o, 7, or 8 of Part I	.)				
	tion A. Public Support		————				$\overline{}$	
begir	ndar year (or fiscal year nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	129,660.	112,260.	113,685.	121,982.	152,33	<u>.</u>	629,917.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	129,660.	112,260.	113,685.	121,982.	152,33	<u>0. </u>	629,917.
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)						- - - - - - - - - -	
	Public support. Subtract line 5 from line 4	- 1, Mary						629,917.
Sec	tion B. Total Support					=		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4.	129,660.	112,260.	113,685.	121,982.	152,33	0.	629,917.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,234.	3,332.	8,701.	2,886.			16,153.
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)							
11	Total support. Add lines 7 through 10			,			-	646,070.
12	Gross receipts from related activi	ities, etc. (see ins	tructions) .			<u> </u>	2	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 501(c	(3)	►□
	tion C. Computation of Pu							
	Public support percentage for 200 Public support percentage from 2			e 11, column (f)			5	97.50 % 97.15 %
16 a	33-1/3 support test – 2009. If the	e organization did qualifies as a pub	not check the box	on line 13, and the	the line 14 is 33-1	/3 % or more,	chec	k this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	organization did	not check a box o	n line 13, or 16a,	and line 15 is 33-	1/3% or more,	ched	
17 a	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	test, check this b	oox and stop here.	, Éxplain in Pa	rt IV	how
	o 10%-facts-and-circumstances to or more, and if the organization in organization meets the facts-and	meets the 'facts-a I-circumstances'	nd-circumstances' test. The organiza	test, check this bation qualifies as	oox and stop here a publicly support	. Explain in Pa ed organizatioi	rt IV 1	how the
BAA	Private foundation. If the organiz	adon did not ched	in a bux un line, I	3, 10a, 100, 17a,				0 or 990-E7) 2009

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.)

Sec	tion A. Public Support	ked the box on an	e 9 of Part 1.)					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
		(a) 2003	(B) 2000	(c) 2007	(u) 2008	(e) 2003	,	(i) Iotai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
(Add lines 7a and 7b							
8	Public support (Subtract line		のの	医沙河	A PARTICIPATION			
	7c from line 6.)	SOUTH THE SECOND	Vertical Control of the Control of t		F. C. S. Mar. 187	THE PARTY OF THE P	5-7-79	
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9	Amounts from line 6			<u> </u>				
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b.							
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (add Ins 9, 10c, 11, and 12)	養總 点 對政	國門 37、 5823	。苏州公路	北京政治學學院	Mani de	高金額	
14	First five years. If the Form 990	is for the organiza						
<u> </u>	organization, check this box and		loroontoss		<u>· </u>	··	· <u>· </u>	
	tion C. Computation of Pu			- 10 - 1 - (0)			100	
15	Public support percentage for 20	• •	•	e 13, column (f))		• • •	15	
16					·· ·	<u>.</u>	16	<u>%</u>
	tion D. Computation of Inv							
17	Investment income percentage for	•	• • •	•	nn (f))		17	%_
18	Investment income percentage fr					'	18	<u>%</u>
	a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pul	blicly supported or	ganization	•	. ▶∐
	b 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppor	ted organiza	ation .	nd line 18
	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4. 19a. or 19b. ch	neck this box and s	ee instructio	ons	▶

Schedule A	(Form 990 or 990-EZ) 2009	THE ARTS P	ARTNERSHIP	OF THE RED R	IVER VALLEY	23-7108936	Page 4
Part IV	Supplemental Inform Part II, line 17a or 17	ation. Complet	e this part to	provide the ex	planations requ	ured by Part II, lin	ne 10;
	Taren, into 174 or 17	b, and rare iii,	11110 12.1101	de any other a	dational infor	nation. Occ mistra	
	-						
							
							
				·			
		_~					
					-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

Open to Public

Employer Identification number

THE	ARTS PARTNERSHIP OF THE RED RIVER VALLEY		23-7108936
Par	Organizations Maintaining Donor Advised Funds or Oth	er Similar Funds or Acc	
	the organization answered 'Yes' to Form 990, Part IV, line		
	(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 funds are the organization's property, subject to the organization's exclusive		. Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor purpose conferring impermissible private benefit??	ng that grant funds may be or advisor or for any other	Yes No
<u> </u>			<u> </u>
	rtilli Conservation Easements Complete if the organization at		190, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all the	—···	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historic	- ·
	Protection of natural habitat	Preservation of certified hi	istoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year.		
		¥.143	Held at the End of the Year
_	a Total number of conservation easements	2a	
	b Total acreage restricted by conservation easements	<u>2b</u>	
	c Number of conservation easements on a certified historic structure included	· · · — — — — — — — — — — — — — — — — —	
	d Number of conservation easements included in (c) acquired after 8/17/06	. <u>2d</u>	
3	Number of conservation easements modified, transferred, released, extinguis	shed, or terminated by the org	anization during the tax
_	year >	_	
4	Number of states where property subject to conservation easement is located	ı ►	
5	Does the organization have a written policy regarding the periodic monitoring	, inspection, handling of viola	
6	and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing or during the year ▶	onservation easements	∐ Yes ☐ No
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conse during the year ►	rvation easements	
8	Does each conservation easement reported on line 2(d) above satisfy the re-	guirements 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 include, if applicable, the text of the footnote to the organization's financial sconservation easements.	n its revenue and expense sta tatements that describes the c	stement, and balance sheet, and organization's accounting for
Pai	rt-III Organizations Maintaining Collections of Art, Historical Complete of the organization answered 'Yes' to Form 990	Treasures, or Other Sin	milar Assets
	·		
1 8	a If the organization elected, as permitted under SFAS 116, not to report in its treasures, or other similar assets held for public exhibition, education, or res the text of the footnote to its financial statements that describes these items.	earch in furtherance of public	ce sheet works of art, historical service, provide, in Part XIV,
ŧ	b if the organization elected, as permitted under SFAS 116, to report in its rev- treasures, or other similar assets held for public exhibition, education, or res- amounts relating to these items:	enue statement and balance s earch in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII, line 1		. >\$
	(ii) Assets included in Form 990, Part X		≻ \$
2	If the organization received or held works of art, historical treasures, or other amounts required to be reported under SFAS 116 relating to these items:		ain, provide the following
a	a Revenues included in Form 990, Part VIII, line 1		. ►\$
	b Assets included in Form 990, Part X		Þ\$

Schedule D (Form 990) 2009 THE A	RTS PARTNI	ERSHIP (OF THE R	ED RI	VER VALLEY		23-710			Page 2
Part III Organizations Mainta	ining Collec	tions of	Art, Hist	orical	Treasures, or	r Other S	imilar Ass	ets (coi	ntınu	ed)
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply).										
a Public exhibition			—		nange programs					
	b Scholarly research e Other									
c Preservation for future genera										
4 Provide a description of the organ Part XIV.5 During the year, did the organizate					-			ın		
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?										
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemount on Form	ents Con n 990, Pa	nplete if o	organi 21.	zation answei	red 'Yes'	to Form 9	90, Part	ĪV,	ine
1 a Is the organization an agent, trusi included on Form 990, Part X?	tee, custodian,	or other in	itermediary	for con	tributions or othe	r assets no		Yes] No
b If 'Yes,' explain the arrangement	ın Part XIV and	d complete	the following	ng table	:					
								Amount		
c Beginning balance	•			•	•	. 1c				
d Additions during the year			•	• •		1 d				
 Distributions during the year 		•				. 1e				
f Ending balance	•					1f				
2a Did the organization include an ai		1990, Part	X, line 21?					Yes		No
b If 'Yes,' explain the arrangement									_	
Part V Endowment Funds Co			_				<u>V, line 10.</u>			
	(a) Current y	ear	(b) Prior yea	ar	(c) Two years back	k (d) Ti	ree years back	(e) Fo	ur years	back
1a Beginning of year balance				<u> </u>		•	-			
b Contributions .					1 / 19 (A) (A) (A)		**************************************			
c Net Investment earnings, gains, and losses								() () ()	•	· i
d Grants or scholarships					A REAL SHIP	数	- 1 10 1-33 4 -4	§ 5.4	7.	<i></i> ,
 Other expenditures for facilities and programs 					7 m	, , ,,	- 13 (44)	` '		
f Administrative expenses .	·						- 48. J	,		
g End of year balance				<u> </u>						
Provide the estimated percentage	of the year en	d balance	held as							
a Board designated or quasi-endow	ment ►		_ %							
b Permanent endowment										
c Term endowment	%									
3a Are there endowment funds not in organization by:	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 of	rganizations lis	sted as requ	uired on Sci	hedule	R? .			3b		
4 Describe in Part XIV the intended	uses of the or	ganızatıon'	s endowme	nt funds	S					
Part VI Investments-Land, B	uildings, ar	id Equip	ment. Se	e Forr	n 990, Part X	, line 10.				
Description of investment		(a) Cost or (inves	other basis tment)		Cost or other asis (other)		ımulated cıatıon	(d) Bo	ok Va	lue
1a Land .	L					•				
b Buildings .	<u> </u>			<u> </u>						
c Leasehold improvements	1			L						
d Equipment	<u> </u>			ļ	8,854.		8,854.			0.
e Other	<u></u>			L						
Total. Add lines 1a through 1e (Column	(d) must equa	al Form 990	D, Part X, co	olumn (B), line 10(c).)					0.

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 THE ARTS PARTNERSH	IP OF THE RED RIV	ER VALLEY	23-7108936	Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	2 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or end	ethod of valuation d-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
				
				
				
				
				
				
				
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)				
Part VIII Investments-Program Related (See	Form 990, Part X, III	ne 13)		
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation	
		Cost or en	d-of-year market value	
	ļ			
				-
				
	·	·		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	· · · · · · · · · · · · · · · · · · ·			
Part IX Other Assets (See Form 990, Part X,	line 15)			
			(A) Do.	
(a) De	scription		(b) Boo	ok value
				
				
				
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	ne 15)		-	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount	-1		
Federal Income Taxes	(S) / WHOCH			
Tederal Income Taxes		 		
			,	
			, .	
		- · · · · · · · · · · · · · · · · · · ·		•
			3	*
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				`
		, '	***	1
		<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		-		•
Town (or most equal total over, tall A, col (b) line 20)				

Schedule D (Form 990) 2009 THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY

		23-7108936	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
¯ ` 1	Total revenue (Form 990, Part VIII,column (A), line 12)		174,070.
2	Total expenses (Form 990, Part IX, column (A), line 25)		154,933.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		19,137.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	[]	
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		19,137.
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Carried States	
a	Net unrealized gains on investments		
Ł	Donated services and use of facilities		
•	Recoveries of prior year grants		
•	1 Other (Describe in Part XIV) 2d	£ \$2.	
•	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- F	
á	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	224	
	Donated services and use of facilities		
1	Prior year adjustments		
•	Other losses	126	
•	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
í	Investments expenses not included on Form 990, Part VIII, line 7b .		
1	Other (Describe in Part XIV)	3.30	
•	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this p mation	, lines 1b and 2b art to provide any	, Part V, additional

Schedule D	(Form 990) 2009	THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY	23-7108936 F	Page 5
Part XIV	Supplementa	THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY Information (continued)		
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SCHEDULE I

1545-0047	60
OMB No	20

% ⊠ (h) Purpose of grant or assistance |Partill | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number . Tyes 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 23-7108936 (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments and Individuals in the United States (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable ARTS PARTNERSHIP OF THE RED RIVER VALLEY THE ARTS PARTNERSHIP OF THE RED RIVER VALLS RANGE General Information on Grants and Assistance (P) EIN 11111111111 1 1 (a) Name and address of organization or government 1111111 1111 İ 1111 Department of the Treasury Internal Revenue Service Name of the organization 1 1 1 1 1 1 1 1 1 1 1 1111 1

A

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

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Schedule I (Form 990) 2009

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Page 2 Schedule I (Form 990) 2009 THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA

Schedule | (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

	Employer identification number
THE ARTS PARTNERSHIP OF THE RED RIVER VALLEY	23-7108936
Pt_VI-B, Line 11A THE BOARD REVIEWS THE 990 WHEN IT REVIEWS	
THE AUDIT REPORT.	
Pt VI-C, Line 19 AGENCY MAKES RECORDS AVAILABLE UPON REQUEST.	