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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)

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2009 A For the 2009 calendar year, or tax year beginning JUL and ending JUN 30, D Employer identification number Check if applicable C Name of organization use IRS label or Address change MINNETONKA CENTER FOR THE ARTS print or 41-0804989 type Doing Business As Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite See Termin-952-473-7361 2240 NORTH SHORE DRIVE Instruc-Amender return 253.954. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending WAYZATA, MN 55391-9347 H(a) Is this a group return F Name and address of principal officer: ROXANNE L. HEATON Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (3) ◀ (insert no) If "No," attach a list. (see instructions) J Website: ► WWW.MINNETONKAARTS.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Other > L Year of formation: 1952 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE TEACHING EXCELLENCE, QUALITY EXHIBITIONS & CULTURAL ENRICHMENT TO ALL AGES & INTERESTS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 35 5 Total number of employees (Part V, line 2a) 225 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line_12-7a 0. Net unrelated business taxable income from Form 990-1, line 34/ - 1 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 445,612. 287,455 NOV 0 1 2010 Program service revenue (Part VIII, line 2g) 729,391. 764,310. 8,744. 6,503. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 33,884, 24,312. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,059,474 1,240,737. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 9.681 13.551. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 449,554 468,036. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,380 6,075. b Total fundraising expenses (Part IX, column (D), line 25) 866,618 758,834. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,343,233 1,246,496. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -283,759 -5,759. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,574,208 5,584,039. 20 Total assets (Part X, line 16) 133,036 143,696. 21 Total liabilities (Part X, line 26) 441,172. 5,440,343 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 10/28/2010 Sign Signature of officer Here ANNE L. HEATON, EXECUTIVE DIRECTOR Type or print name and title Check if Preparer's identifying number (see instructions) Self-employed Paid signature Preparer's Firm's name (o EIN ▶ LARSONA yours if self-employed), Use Only 220 SOUTH Sixth Street, Suite 300 address, and ZIP + 4 Phone no. \triangleright 612-376-4500

> X Yes No Form **990** (2009)

MINNEAPOLIS, MN 55402

SCANNED NOV 1 7

Pa	rt IV Checklist of Required Schedules			5-
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	1.00
	If "Yes," complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	T
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	<u> </u>	X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	x	İ
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		х
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	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	х	1
•	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			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		,	-
•	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 statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No]	Ī	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13]	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	5 5 5 7			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		i	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
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>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form 9	390 (2	2009)

Part IV | 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 Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L, Part III - .. 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 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 Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 280 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter 0- if not applicable 1a 66			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	_1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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
С	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			ı
	any contributions that were not tax deductible?	6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7e</u> 7f		X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	79 7h		
8	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	ł	•
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		ĺ	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			٠,
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
		Form	9907	20091

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.

a Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Old the organization diselegate control over management duties customanly performed by or under the direct supervision of officers, director, intuities, or key employees to a management company or other person? A Did the organization have members or stockholders? Did the organization have members, stockholder, or other persons who may elect one or more members of the governing body? Did have been did the organization have members, stockholders, or other persons? Did have organization have members, stockholders, or other persons? Did have organization have members, stockholders, or other persons? Did have organization thave members, stockholders, or other persons? Did have organization thave the governing body? Established the organization have body to the stockholders of the organization than the stockholder organization that with authority to act on behalf of the governing body? Established the organization have body the stockholders of the organization than the stockholders of the organization or mailing address? If Yes, it provide the names and addresses not inequality the stockholders of the organization or the stockholders of the organization or singular addresses? If Yes, it provide the names and addresses not inequality the stockholders of the organization	Sec	tion A. Governing Body and Management			
Enter the number of voting members that are independent Discovery of the control of the contro				Yes	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 5 Dot the organization nake any significant changes to its organizational documents since the prior Form 900 was filled? 4 X 5 Dot the organization become aware dump the year of a material diversion of the organization's assets? 5 X 5 Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 A Pa any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 A Pa any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 A B dit the organization have intended the member of stockholders, or other persons? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address of **IP**es**. Provide the names and addresses in Schedule O 9 X Section B. Policies (The Section B requests information about policies not required by the Internal Revenue Code) 10 Does the organization have local chapters, branches, or affiliates? 10 If **IP*** a Provider is described in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 If **IP*** and **	1a	Litter the reality of reality members of the general general years,			
2	b	Enter the number of voting members that are independent 1b 15			
officer, director, trustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization heave make any significant changes to its organization of the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Area my decisions of the governing body subject to approval by members, stockholders, or other persons? 10 A X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 10 The governing body? 11 Eap overning body? 12 Section B. Pollicles (mrs Section B requires thin immation about policies in mission B requires the provider the numes and addresses in Schedule O Section B. Pollicles (mrs Section B requires thin immation about policies in mission B requires the providers to require the providers of the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 Yes, if does the organization have local chapters, branches, or affiliates? 12 Describe the Schedule O the programization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 A Section B. Pollicles (mrs Section B requires thin imminished by the organization) to rever this form 990 12 Describe the organization have a written policies and procedures governing body before filling the form? 11 A Section B. Dischedule O the programistion of the deliberation of the deliberation and d	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			_
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4 Dut the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Dud the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members or stockholders? 7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b LX 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes, provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O they this is done 13 Does the organization have a written document retribition and destruction policy? 14 Does the organization have a written document retribition and destruction policy? 15 Dut the process for determining compensation of the following persons in	3				
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by the following and the governing body subject to approval by members, stockholders, or other persons? 7a	6	Does the organization have members or stockholders?	6	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, fusitee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes," provide the names and addresses in Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? If I Has the organization have local chapters, branches, or affiliates? If Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Schedule O they process, if any, used by the organization to rewew this Form 990 12a Does the organization have a written conflict of interest policy? If 'No, '90 to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for determining comp		governing body?	7a		
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MARY B. LARSON - 952-473-7361 2240 NORTH SHORE DRIVE, WAYZATA, MN 55391-9347			tion •		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."

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

- 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.

(A) Name and Title	(B) Average	,, ,,		((Pos	C)	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		hecl			арр		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1035-WIISO)	organization and related organizations
BARBARA MCBURNEY										
BOARD CHAIR	3.00	X		X		<u> </u>		0.	0.	0.
GARY VARS	ľ	İ				İ	İ			
BOARD VICE CHAIR	3.00	X		X	ļ	<u> </u>		0.	0.	0.
LISA ERICKSON									_	_
BOARD SECRETARY	3.00	X	<u> </u>	X	ļ	<u> </u>	<u> </u>	0.	0.	0.
MICHELLE LUREEN	2 00								_	
BOARD TREASURER	3.00	X	_	Х	<u> </u>			0.	0.	0.
WENDY BENNIS	2 00	7,								
MEMBER	3.00	X	<u> </u>			<u> </u>		0.	0.	0.
MARYALICE BRENCK	3.00	v			ŀ			0.	0.	_
MEMBER SARA FENLASON	3.00	Δ	_					0.	0.	0.
MEMBER	3.00	X						0.	0.	0.
ANDRIA FULLERTON	3.00	Δ						0.	0.	<u> </u>
MEMBER	3.00	x						0.	0.	0.
TOM HULL	- 3133									
MEMBER	3.00	x						0.	0.	0.
HELEN JONES										
MEMBER	3.00	х	İ					0.	0.	0.
ALEX JOHNSTON										
MEMBER	3.00	X						0.	0.	0.
MATTHEW KNOPF										
MEMBER	3.00	X						0.	0.	0.
ANDREA STEIN										
MEMBER	3.00	X						0.	0.	0.
KATHERINE MURPHY		Ì	İ							
MEMBER	3.00	X						0.	0.	0.
JIM SCHWERT								_	_	
MEMBER	3.00	X	ļ					0.	0.	0.
ROXANNE L. HEATON								00 000		0 506
EXECUTIVE DIRECTOR	40.00	<u> </u>	<u> </u>	X	<u> </u>	-		92,332.	0.	8,796.
MARY B. LARSON	10 00			\ \z _F				22 451	0.	•
CONTROLLER	18.00	<u> </u>	<u> </u>	X	L	L	<u> </u>	33,451.		0. Form 990 (2009)

932007 02-04-10

Form **990** (2009)

(A) Name and title	(B) Average hours	(cl		Pos		ı app	iy)	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	ted
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	oi a	othe mpens from t rganiza nd rela ganiza	sation he ation ated
												
					-							
1b Total								125,783.	0	•	8,7	796.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 in reportable		Yes	0 No
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su 	uch individual									. 3		x
and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i> accrue comper	<i>" cor</i> nsatr	<i>mple</i> on f	ete S	Sche	edule	Jf	or such ındıvıdual		4	-	<u>x</u>
the organization? If "Yes," complete Schedules Section B. Independent Contractors 1 Complete this table for your five highest contractors				nt c	ontr	acto	ors ti	hat received more than	\$100,000 of compe	5 nsation	from	<u> </u>
the organization. NONE (A) Name and business	address							(B) Description of s	ervices	Comp	(C) ensati	on
				•				· · · · · · · · · · · · · · · · · · ·				
	-											
2 Total number of independent contractors (ii \$100,000 in compensation from the organization	ot lin	nıte	d to	tho:	_	sted	above) who received m	ore than			 _	

Form 990 (2009) MINNETONKA CENTER FOR THE ARTS Part IX Statement of Functional Expenses

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

Do no	All other organizations must comp of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1 0	Grants and other assistance to governments and				
C	organizations in the U.S. See Part IV, line 21		*		
	Grants and other assistance to individuals in			`	
t	he U.S. See Part IV, line 22	13,551.	13,551.		
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members			` .	
	Compensation of current officers, directors,				
	rustees, and key employees	148,430.	57,275.	71,894.	19,261
	Compensation not included above, to disqualified	i			
	persons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salanes and wages	276,021.	228,163.	24,248.	23,610
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9 (Other employee benefits	10,458.	8,519.	1,509.	430
10 F	Payroll taxes	33,127.	22,526.	7,288.	3,313.
11 F	ees for services (non-employees):				
a N	Management				·
	egal	10.10			
	Accounting	12,168.		12,168.	
	obbying				
	Professional fundraising services. See Part IV, line 17	6,075.			6,075.
	nvestment management fees	101 001			
	Other	191,881.	185,091.	6,790.	
	Advertising and promotion	52,100.	405 000	50,924.	1,176.
	Office expenses	152,093.	106,398.	34,508.	11,187.
	nformation technology	1,841.	615.	613.	613.
	Royalties	450 011	125 125		
	Decupancy . [179,811.	137,197.	39,205.	3,409.
	ravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials		-		
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	00 610	65.000	00 611	4 500
	Depreciation, depletion, and amortization	89,612.	67,209.	20,611.	1,792.
	nsurance	32,420.	23,718.	7,564.	1,138.
24 0	other expenses. Itemize expenses not covered bove. (Expenses grouped together and labeled	-		*	
n	niscellaneous may not exceed 5% of total			-	
	xpenses shown on line 25 below.)		20, 600		
_	COMMISSIONS	39,689.	39,689.	2.700	
	MISCELLANEOUS	4,163.	158.	3,702.	303.
	MEMBERSHIPS	3,056.		3,056.	
d _					
e _					
	Il other expenses	1 046 406	000 100	204 222	F0 00=
	otal functional expenses. Add lines 1 through 24f	1,246,496.	890,109.	284,080.	72,307.
	oint costs. Check here	1			
	OP 98-2. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		L	526,134.	1	515,873.
	2	Savings and temporary cash investments			107,439.	2	107,836.
	3	Pledges and grants receivable, net		. [3,650.	3	75,375.
	4	Accounts receivable, net		[3,030.	4	2,516.
	5	Receivables from current and former officers, directors,	trustees, key		•		_
		employees, and highest compensated employees. Com	plete 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)(l	3) Complete		•	,	1
		Part II of Schedule L				6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,858.	8	3,746.
¥	9	Prepaid expenses and deferred charges	•••	[3,644.	9	7,066.
	10a	Land, buildings, and equipment: cost or other					1
		basis. Complete Part VI of Schedule D 10a	6,604,7	55.			
	ь	Less: accumulated depreciation 10b	6,604,7 1,863,1	48.	4,807,044.	10c	4,741,607.
	11	Investments - publicly traded secunties			121,409.	11	130,020.
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11		. L		13	
	14	Intangible assets		. L		14	
	15	Other assets See Part IV, line 11		_		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 34	1)		5,574,208.	16	5,584,039.
	17	Accounts payable and accrued expenses		L	54,768.	17	68,059.
	18	Grants payable				18	
	19	Deferred revenue		Ļ	77,368.	19	74,737.
	20	Tax-exempt bond liabilities		.		20	
S	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D	Ĺ		21	
Liabilities	22	Payables to current and former officers, directors, truste					
iab		highest compensated employees, and disqualified person	ons. Complete Parl	t II			
_		of Schedule L		. -		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third p	arties	-		24	
	25	Other liabilities. Complete Part X of Schedule D		-	900.	25	900.
	26	Total liabilities. Add lines 17 through 25			133,036.	26	143,696.
		Organizations that follow SFAS 117, check here	X and comple	ete			
es		lines 27 through 29, and lines 33 and 34.				-	r 004 4r4
auc	27	Unrestricted net assets	•	· -	5,114,507.	27	5,094,454.
Bal	28	Temporanly restricted net assets		-	219,332.	28	238,056.
БП	29	Permanently restricted net assets	, " [] .	-	107,333.	29	107,833.
Ľ.		Organizations that do not follow SFAS 117, check he	re 🕨 📖 and	·			
Ď		complete lines 30 through 34.			-		
sets	30	Capital stock or trust principal, or current funds		}		30	
As	31	Paid-in or capital surplus, or land, building, or equipmen		·		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, o	r other funds	-	E 441 170	32	E 440 242
_	33	Total net assets or fund balances		· ·	<u>5,441,172.</u>	33	5,440,343.
	34_	Total liabilities and net assets/fund balances		L	5,574,208.	34	5,584,039.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If NY Building College and the supplementation of the grant of the gra			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
ď				-
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			'
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X_
b	If "Yes," did the organization undergo the required audit or audits? 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.	3b		
		Form	990	2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

ame or t	ne organizati							=		identificati		
			NKA CENTER F						4	<u>1-0804</u>	<u>.989</u>	!
Part I	Reason	tor Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions				
he organ	ızatıon ıs not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2 🖳	A school des	cnbed in section 17	7 0(b)(1)(A)(ii). (Attach Sc	:hedule E)								
з 🖳	A hospital or	a cooperative hosp	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📙	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ection 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ne,
	crty, and stat	e:							. <u>-</u>			
5 📖	An organizati	on operated for the	benefit of a college or un	niversity o	wned or op	perated by	a govern	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🗌	A federal, sta	ite, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 🔲	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	nbed ı	n
	section 170(b)(1)(A)(vi). (Comple	ete Part II)									
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross red	ceipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	0, 197	′5
	See section	509(a)(2). (Complete	e Part III)									
o 🔲	An organizati	on organized and o	perated exclusively to te	st for publ	c safety S	See <mark>sectio</mark>	n 509(a)(4	4).				
1	An organizati	ion organized and o	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to cam	y out the	purposes o	f one o	or
	more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se o	ction 509(a	a)(3). Che	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h				_		
	a Type I	l b∟	_ Type II c	: 🔲 Тур	e III - Fund	tionally int	tegrated		d 🖳	Type III - C	Other	
e	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındirectly	by one o	r more disc	qualified į	persons oth	er tha	.n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	enbed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganızatıon, check ti	••									L
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing pers	sons?			, <u> </u>
	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ii) and (i	iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?	•						11g(ii)		
	• •	•	person described in (i) o		•					11g(iii)		L
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)							
			1 410 7 6	,				T	<u>. r</u>			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			vi) ls organizatio		(vii) Am	iount of	f
orga	nızatıon		(described on lines 1-9		sted in your document?			(i) organiz	ed in the	sup	port	
			above or IRC section			ļ		ļ				
			(see instructions))	Yes	No	Yes	No	Yes	No			
								-				
								ĺ				
												
								-				
	<u>.</u>											
-			_	-						 		
				 		<u> </u>		ļ				
								1				
otal			- 1 - A + 1 - 1	L				1				
⊣A For P	rivacy Act an	id Paperwork Redu	ction Act Notice, see the	ne Instruc	tions for			Schedule	e A (Forn	n 990 or 99	U-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

	nedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for	Organizations	Described in	Sections 170	Mh)(1)(Δ)(iv) an	d 170/b\/1\(\Delta\/s	Page 2
	(Complete only if you checke	-			(b)(1)(/(\v) a11	a 170(b)(1)(A)(••,
Sa	ction A. Public Support	3 110 000 011 1110 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2005	(b) 2000	(0) 2007	(0) 2008	(e) 2003	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants ")	İ					
2	Tax revenues levied for the organ-	-			 		
2	ization's benefit and either paid to						
	or expended on its behalf						
_	, , , , , , , , , , , , , , , , , , , ,				 	<u> </u>	
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	•			 			
	Total. Add lines 1 through 3				 		
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 ction B. Total Support		<u> </u>	J	<u> </u>		·
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005	(b) 2000	(0) 2007	(0) 2008	(e) 2003	(I) Total
	•						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
IU	or loss from the sale of capital						
	assets (Explain in Part IV)		,				
44	Total support. Add lines 7 through 10			,			
	Gross receipts from related activities,	etc (see instructi	one)	٠		12	<u> </u>
	First five years. If the Form 990 is for	•	· · · · · ·	 rd fourth or fifth t	ax vear as a sectio		
13	organization, check this box and stop		5 mot, 6666ma, tm	, a, roara, or mare	ast your do d ooo	00 ((0)(0)	
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2009 (column (fl)		14	%
	Public support percentage from 2008					15	%
	a 33 1/3% support test - 2009. If the o				 14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	-					
ŀ	o 33 1/3% support test - 2008. If the o						is box
•	and stop here. The organization qual						▶□
17:	a 10% -facts-and-circumstances tes						or more.
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					o.gu	▶□
,	10% -facts-and-circumstances tes	_				 17a. and line 15 is	10% or
•	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						▶□

932022 02-08-10

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

Schedule A (Form 990 or 990-EZ) 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.) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 368,109 312,928 535,008. 287,455 445,612. 1,949,112. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 716,128. 745,456. 771,440 645,880. 655,583. organization's tax-exempt purpose 3,534,487. 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 958,808 <u>5,483,599</u>. 6 Total. Add lines 1 through 5 1,023,692 1,251,136 1,032,911 1,217,052 7a Amounts included on lines 1, 2, and 26,486. 63,971 10,000. 7,396. 11,884. 119,737. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 109,925 19,873. <u>176,433</u> 44,680 45,460 396,371. amount on line 13 for the year 119,925 27,269. 188,317 71,166. 109,431 516,108. c Add lines 7a and 7b 4.967.491. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 958,808. 9 Amounts from line 6 1,023,692 1,251,136 1,032,911 1,217,052 5,483,599. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 31,764 32,686 31,846 26,268 24,820. 147,384. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 31,764. 31,846. 26,268. 24,820. 147,384. 32,686. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital 5,263. 5,603. 6,364 6,854. 12,082 36,166. assets (Explain in Part IV.) 997,097. 1.060.719 1 289 346 1.066.033 5,667,149, 253 954 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 87.65 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 88.76 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.60 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 2.73 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

14300914 131839 29851

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 c	or 990-EZ) 2	2009 MIN	INETONK.	A CENTER	R FOR T	HE ARTS	4	<u>1-0804989 </u>	Page 4
Part IV Supplen	nental In	formatio	n. Complete	this part to pro	ovide the exp	lanations required	oy Part II, line 10,	Part II, line 17a or 1	17b,
and Part II	I. line 12. P	rovide anv	other addition	al information	See instruct	ions.	-		
	,								
SCHEDULE A,	. ייים עם	TTT T	TNR 12	EXPLAN	ΙΑΨΤΩΝ	FOR OTHER	INCOME:		
OCHEDOHE A,	IAKI .	<u> </u>	31110 12	, 1111111111	11111011	TOR OTHER	111001121		
VT CODI I 337001		0107							
MISCELLANEOU	S INC	OME				-			
								_	
		·			-			·——···	
			<u> </u>						
					•				
									
 									
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		 -			•				
						. <u></u> -			

Schedule D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

➤ Attach to Form 990. ➤ See separate instructions. Internal Revenue Service Employer identification number Name of the organization MINNETONKA CENTER FOR THE ARTS 41-0804989 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 ┌ Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located
____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . .. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

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		NKA CENTER				or Oth			30498		
	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	is, cneci	k any of t	ne tollowing th	at are a	significant	use of its	collection	1 item	IS
	(check all that apply):		. —								
а	Public exhibition	d			exchange progr						
b	Scholarly research	е	لــا	Other							
С	X Preservation for future generations										
4	Provide a description of the organization's co							ose in Pa	rt XIV.		
5	During the year, did the organization solicit of					er sımıla	ar assets	_	_	_	7
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nizatıon's	collection?				Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	ganızatior	answered "Ye	s" to Fo	rm 990, Pa	ırt IV, lıne	9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribut	ions or other as	ssets no	t included				_
	on Form 990, Part X?	••••							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
]		Amount	1	
С	Beginning balance						1c				
	Additions during the year	• •		••••		•	1d				
	Distributions during the year	••	•		••		1e				
	0	• • • • • • • • • • • • • • • • • • • •			•		1f				
f O-	Ending balance	orm 000 Port V line	212		•		<u> </u>		7	$\overline{}$	No
	Did the organization include an amount on F		217	•	• •				∐ Yes) NO
	If "Yes," explain the arrangement in Part XIV			5)/	F 000 P+	N/ 1	10				
Par	t V Endowment Funds. Complete						1		1		
		(a) Current year		rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	127,922.	12	8,312					<u> </u>		
b	Contributions	500.		250			`		<u> </u>		
С	Net investment earnings, gains, and losses	990.		2,553	3.						
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	3,579.		3,193	3.	-			1		
f	Administrative expenses								1		
	End of year balance	125,833.	12	7,922	2.						
2	Provide the estimated percentage of the year			. ,			L		· 		
	Board designated or quasi-endowment	.00	%								
_		%									
b	4.4.00										
		%	. 4 41	.4 11	4 4 4						
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are nee	ano administe	erea tor	tne organiz	ation	ſ		
	by.									Yes	No
	(i) unrelated organizations						•••		3a(i)		<u>X</u>
	(ii) related organizations	••							3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	wment	funds.		·		 			
Par	t VI Investments - Land, Building	gs, and Equipme	ent. Se	e Form 9	90, Part X, line	10					
	Description of investment	(a) Cost or o	ther	(b) C	ost or other	(c) A	Accumulate	ed	(d) Book	k valu	 е
	,	basis (investr			sis (other)		epreciation		• •		
12	Land		-		27,000.				2.	7.0	00.
	Buildings			6 ($\frac{27,333.}{0.53,370.}$	1	449,6	58	4,603		
	• • • • • • • • • • • • • • • • • • • •			3,0	,,,,,,,,,,				<u> </u>	-,,	<u></u>
	Leasehold improvements			-	524,385.		413,4	an	117	n p	95.
	Equipment				144,303.		<u>-13,4</u>	-	<u> </u>	2,0	<u> </u>
	Other	15 222 5		<u></u>	40(:):	L			A 77 A	1 6	07
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), lin	e 10(c))			<u> </u>	4,74	<u>т,о</u>	<u>U / •</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 MINNETONKA CENTER FOR THE			-:-! 01-4-		0804989	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Aud	iited Finar	iciai State	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,240	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,246	<u>,496.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	_		3			,759.
4	Net unrealized gains (losses) on investments			4			,930.
5	Donated services and use of facilities		•	5			
6	Investment expenses		•	6		· · · · · · · · · · · · · · · · · · ·	
	Prior period adjustments	•	•	7			
7				1			
8	Other (Describe in Part XIV)		• • • • • • • • • • • • • • • • • • • •	8			020
9	Total adjustments (net). Add lines 4 through 8			9			930.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 t XII Reconciliation of Revenue per Audited Financial Stater	and 9 ments \	With Reve	<u> 10 </u> nue per R	eturr		-829.
1	Total revenue, gains, and other support per audited financial statements				1	1,237	714
		•			-	1,457	, ,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	١٠	1	4 020			
а	Net unrealized gains on investments	2a		4,930.	-		
b	Donated services and use of facilities	2b)				
¢	Recoveries of prior year grants	. 20	:		.		
d	Other (Describe in Part XIV.)	2d	<u> </u>	3,480.]		
е	Add lines 2a through 2d				2e	8	410.
3	Subtract line 2e from line 1				3	1,229	304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• •		•••			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	. 1		li		
a	·	. 46		1,433.	1		
b	Other (Describe in Part XIV)	40	, ,	. I , 4JJ.	1 . 1	11	422
С	Add lines 4a and 4b			-	4c		433.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		Mist C.		5	1,240	, /3/.
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ements	with Expe	enses per	Ketu		
1	Total expenses and losses per audited financial statements				1	1,169	,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	,				
b	Prior year adjustments	2b	,		1.		
c	Other Insees	20			1		
d	Other (Describe in Part XIV)	2d		3,480.	1		
			· I	3,100.	1 00	3	480.
е	Add lines 2a through 2d	•			2e	1,165	
3	Subtract line 2e from line 1	•		-	3		024.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 .	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	····		}		
b	Other (Describe in Part XIV)	4b	88	<u> 10,874.</u>			
С	Add lines 4a and 4b				4c	80,	<u>874.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,246	496.
Par	t XIV Supplemental Information		-				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III. lines	1a and 4: Pa	art IV. lines 1	h and 2	2h: Part V line	4· Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co						,, , , , , ,
-	TIII, LINE 4: TWO ON-SITE SCULPTURES. T			-			`
PAC	IT III, DINE 4: INO ON-BITE SCORFICKES. I	LILE D	CODFIGE	TEO MEK	. <u> 1</u>	NOIVIDEL	
	DOWNSONDER WAS ODGENIZATION OF ADM MIGGI		T.T. 1	(TIMODA)	ΛΠ.	_	
TO	DEMONSTRATE THE ORGANIZATION'S ART MISSI	LON A	MD IN W	IEMORY_	OF.	A	
COL	ISTITUENT.						
PAF	T V, LINE 4: THE ORGANIZATION'S INVESTME	NT P	OLTCY F	AS THE	OB	TECTIVE	
1111	(I V) DINE I. IIII OROIMIENITOR D INVESTIG		<u> </u>			JHCII VH	
шΩ	DESCRIPTION OF AMERICAN STREET	MUT 1	05050575	י ביואדוים	TATT	пи сромп	ш
TO	PRESERVE THE PRINCIPAL AND LIQUIDITY OF	THE .	RESERVE	- LOND2	MT.	I'H GROW'I	.H
<u>AS</u>	A SECONDARY OBJECTIVE. THE ORGANIZATION'	S BO	ARD OF	DIRECT	ORS	DETERM	<u>NES</u>
PEF	RIODICALLY, BASED ON FUNDS AVAILABLE AND	THE I	NEEDS C	F THE	ORG.	ANIZATIO	ON
						ule D (Form 9	
93205- 02-01-	1					, 3	,
UZ-U 1-	IV						

Schedule D (Form 990) 2009 MINNETONKA CENTER FOR THE ARTS 41-0804989 Page 5 Part XIV Supplemental Information (continued)
HOW MUCH, IF ANY AMOUNT SHOULD BE EXPENDED FROM RESERVE FUNDS.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT: 3480.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT INCOME: 11433.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT: 3480.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:
BUILDING DEPRECIATION EXPENSE: 80874.

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Employer identification number 41-0804989 MINNETONKA CENTER FOR THE ARTS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations f X Solicitation of government grants Internet and email solicitations Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ___ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col (i) LESLIE SCHULTZ Yes No 108,000 6,075. 101,925. (TALIESIN) GRANT WRITING X 108,000. 6,075. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing MN

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ART 4 LUNCH col (c)) (event type) (event type) (total number) Revenue 46,550 46,550. Gross receipts 35,940 35,940. 2 Less: Charitable contributions 10,610 10,610. Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses 600 600. Rent/facility costs Food and beverages 4,337 4,337. 8 Entertainment .. . 8,280 8,280. Other direct expenses 13,217; 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 -2,607. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash pnzes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a ь If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?

Schedule G (Form 990 or 990-EZ) 2009 MINNETONKA CENTER FOR THE ARTS 41-	080498	9 P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
Name	_		
Address >	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address of the third party:			
Name ▶	_	: :	:
Address >	_		
16 Gaming manager information			
Name	_		
Gaming manager compensation ▶ \$			
Description of services provided ▶	_		
	_		
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	. 17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$,		

Schedule G (Form 990 or 990-EZ) 2009

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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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Open to Public Inspection

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

2 Schedule I (Form 990) 2009 Employer identification number 41-0804989 (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of valuation (book, recash assistance and address of organization if applicable respinance in a sesistance and address of organization (book, recash assistance assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE ARTS Enter total number of section 501(c)(3) and government organizations FOR MINNETONKA CENTER General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Part I Part

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 SCHOLARSHIPS PER FAMILY PER YEAR ARE GIVEN. FUNDS ARE HELD IN A TEMPORARILY Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. OF RESTRICTED ACCOUNT AND TRANSFERRED AS NEEDED. FUND TRANSFERS MUST BE BASED ON INCOME AND SIZE APPROVED BY THE EXECUTIVE DIRECTOR AND ARE DOCUMENTED INDIVIDUALLY THREE (d) Amount of non-cash assistance 0 A MAXIMUM OF 13,551 (c) Amount of cash grant HOUSEHOLD. DOCUMENTATION OF INCOME IS REQUIRED. LINE 2: ELIGIBILITY IS 613 (b) Number of recipients (a) Type of grant or assistance PART I, SCHEDULE I, SCHOLARSHIPS

Schedule I (Form 990) 2009

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932102 02-02-10

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Page 2

41-0804989

MINNETONKA CENTER FOR THE ARTS

Schedule I (Form 990) 2009

Part III

SCHEDULE O

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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public

(Form 990) Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number 41-0804989 MINNETONKA CENTER FOR THE ARTS FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: OPENED A NEW LOCATION AT RIDGEDALE MALL FOR DROP-IN ART CLASSES FOR KIDS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY OUTREACH AND RIDGEDALE PROGRAMS: WE OFFER PROGRAMS FOR CHILDREN AGES 2-18 AND ADULTS OF ALL AGES THROUGHOUT THE WESTERN SUBURBS AND TWIN CITIES AREAS. MORE THAN 7,000 CHILDREN AND YOUTH PARTICIPATED IN OUR OUTREACH PROGRAMS (INCLUDING NEARLY 5,000 FROM 55 DIFFERENT COMMUNITY PARTNERS AND 1,100 AT OUR NEW RIDGEDALE LOCATION), AN INCREASE OF 40% OVER LAST YEAR. NEARLY HALF (3.500) PARTICIPATED AT LOW OR NO COST. IN FEBRUARY 2010, WE OPENED A NEW LOCATION AT RIDGEDALE CENTER WHERE WE HOST DROP-IN ART CLASSES FOR CHILDREN, BIRTHDAY PARTIES, OUTREACH PROGRAMS, AND ADULT CLASSES. IN ADDITION, WE OFFER FOR SALE A SELECTION OF ART AND FINE CRAFT CREATED BY MINNETONKA CENTER FOR THE ARTS ARTISTS. REVENUE \$ 70170. EXPENSES \$ 175873. INCLUDING GRANTS OF \$ 9264. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERSHIP CONSISTS OF THOSE INDIVIDUALS INTERESTED IN THE PROMOTION, ENCOURAGEMENT, PRACTICE AND STUDY, APPRECIATION OR ENJOYMENT OF THE ARTS AND THAT ARE CURRENT WITH THE REQUIRED DUES. FORM 990, PART VI, SECTION B, LINE 11: STAFF AND MANAGEMENT REVIEW A DRAFT OF THE FORM 990. THE DRAFT IS PRESENTED TO THE BOARD OF DIRECTORS BY THE

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INDEPENDENT AUDITORS ALONG WITH A DRAFT AUDIT FOR APPROVAL PRIOR TO FILING.

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

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization

MINNETONKA CENTER FOR THE ARTS

Employer identification number 41-0804989

THE AUDITOR PRESENTS HIGHLIGHTS, ASKS FOR QUESTIONS AND CLARIFIES AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY APPLIES TO BOARD MEMBERS AND EMPLOYEES. ANNUAL DISCLOSURE

IS REQUIRED TO THE EXECUTIVE DIRECTOR AND BOARD CHAIR, WHO SHALL DETERMINE

WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IF THE MATTERS ARE MATERIAL,

BRING THEM TO THE ATTENTION OF THE BOARD. ANNUAL DISCLOSURE STATEMENTS ARE

KEPT IN EMPLOYEE/BOARD RECORDS WITH THE EXECUTIVE DIRECTOR.

THE BOARD SHALL DETERMINE IF A CONFLICT EXISTS AND IS MATERIAL. THE

INTERESTED DIRECTOR MAY BE PRESENT FOR DISCUSSION TO ANSWER QUESTIONS, BUT

MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN AND MUST LEAVE THE ROOM WHILE A

VOTE IS TAKEN. THE MINUTES OF ALL ACTIONS TAKEN ON SUCH MATTERS SHALL

CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION REVIEW IS DONE FOR ALL EMPLOYEES ANNUALLY AND WAS LAST DONE IN JANUARY, 2009. THE "MINNESOTA NON-PROFIT SALARY AND BENEFIT SURVEY" IS PUBLISHED BIENNIALLY AND USED AS A REFERENCE. RECOMMENDATIONS FOR SALARY INCREASES OR BONUSES FOR THE EXECUTIVE DIRECTOR COME FROM THE BOARD AND REQUIRE FULL BOARD APPROVAL. A SALARY ADJUSTMENT FORM IS COMPLETED AND APPROVED BY THE BOARD CHAIR. A COPY IS KEPT ON FILE WITH PAYROLL RECORDS OVERSEEN BY THE CONTROLLER AND THE ORIGINAL IS FILED WITH THE EXECUTIVE DIRECTOR'S PERSONNEL FILES. THIS PROCESS WAS LAST COMPLETED IN 2009 FOR EXECUTIVE DIRECTOR, R. HEATON AND

CONTROLLER, M. LARSON.

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization MINNETONKA CENTER FOR THE ARTS	Employer identification number 41-0804989
	11 0004303
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	ON MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
	No. of the last of