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Form 990

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 201**0**

benefit trust or private foundation) Open to Public Department of the Treasury Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending 20 07/01 06/30 11 C Name of organization ARTS PARTNERSHIP D Employer identification number Check if applicable Doing Business As Address change 26-2507419 Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 345 Washington Street 651-282-3000 City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Saint Paul, MN 55102 4,480,096 Amended return Name and address of principal officer Patricia Mitchell H(a) Is this a group return for affiliates? Application pending 345 Washington Street, Saint Paul, MN 55102 H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) √ 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website. ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust ☐ Association ☐ Other ▶ Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities The Corporation is organized and shall be UND Activities acceptances operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code for the benefit of and to carry out the purposes of its supported organizations, namely, Ordway Center for the Performing (Continued on Schedule O, Statement 2) 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 1,129,068 4,476,656 Program service revenue (Part VIII, line 2g) 0 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 951 3,440 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,130,019 4.480.096 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 15 0 Professional fundratisms fees Part IX, column (A), line 11e) 16a 84,029 208,365 ptal fundralsing expenses (Part IX, column (D), line 25) ther expenses (Part IX, commn (A), lines 11a-11d, 11f-24f) 17 45,087 18,364 otal expenses Add lines 12-17 (must equal Part IX, column (A), line 25) evenue less expenses. Sherract line 18 from line 12 18 129,116 226,729 19 1,000,903 4,253,367 Beginning of Current Year End of Year assets (Part X, line 16) 20 2,793,572 6,769,348 21 Total liabilities (Part X, line 26) 289,769 12,178 Set Set 22 Net assets or fund balances Subtract line 21 from line 20 2,503,803 6,757,170 Part II Signature Block Under penalties of periun. 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 compl than officer) is based on all information of which preparer has any knowledge Sign Here Patricia Mitchell, Treasurer Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only

🗌 Yes 🗋 No Form 990 (2010)

Cat No 11282Y

Phone no

Part [Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission The Arts Partnership advocates, fundraises and supports the primary users of Ordway Center for the Performing Arts fa	acılıty.
	currrently, Ordway Center for the Performing Arts; The Saint Paul Chamber Orchestra Society, The Minnesota Opera, at	nd The
	Schubert Club, , to find creative and economically viable opportunities for the groups' collective service to the common terms of the common terms	nunity
2		Yes 🗸 No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? . If "Yes," describe these changes on Schedule O	Yes 🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and others, the total expenses, and revenue, if any, for each program service reported	
4a		45,000)
	In fiscal year 2011 The Arts Partnership received a \$45,000 grant to fund "Random Acts of Art" in our community to prove various performing arts. A portion of the grant was spent in fiscal year 2011 for the grant purposes. The remainder will in upcoming fiscal years.	
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ One of the primary purposes/program for the Arts Partnership is to raise funds to support the primary users of Ordway the Performing Art's facility. The Arts Partnership raises funds that will be granted to the primary users of Ordway's fac support their use of Ordway facilities as well as cover expenses incurred by the Arts Partnership in support of the prime efforts to find creative and economically viable opportunities for the groups' collective service to the community. Rever expenses related to this activity are reported under fundraising on this 990 form.	ility to help ary users
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 4,606	

Part	V Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
6	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III .	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-		,	
4.4	endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓	
	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	11e		✓
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	V	
b	· · · · · · · · · · · · · · · · · · ·			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		-
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	✓
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		1
20 -	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some			<u> </u>
_	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		

Part l	V Checklist of Required Schedules (continued)	,	,	
			Yes	No
21	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		1
22	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 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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 Schedule K. If "No," go to line 25.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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 Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	m 990	(2010)

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer if Octional O Contains a response to any question in this t art v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		1
L	·	4a		<u> </u>
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
9	Sponsoring organizations maintaining donor advised funds.	1		
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
a	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans [13b]	1		
C	Enter the amount of reserves on hand 13c	14a		1
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "No," heapt filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Co.	14a		+

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Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O See instructions.			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			✓
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√
6 7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	6 7a		✓
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b		✓
а	The governing body?	8a	✓	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? .	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14 15	Does the organization have a written document retention and destruction policy? 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?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	7	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply)s only	y) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public		-	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	:	
	organization The Arts Partnership, (651)282-3000 345 Washington Street, Saint Paul, MN 55102			
	343 44431111191011 311661, 341111 F 441, 1414 33 102			

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

Check if Schedule O contains a response to any question in this Part VII .

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

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

Check this box if neither the organization noi		d orga	anız			ompe	nsa	1	,	
(A)	(8)							(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kevin Smith Vice President	4	1		/				o	188,914	4,331
Patricia Mitchell Treasurer	3	1		1				o	293,533	7,024
Kathleen van Bergen Secretary	3	1		1				0	157,327	19,244
Chip Emery Director	2	1						0	0	(
Diane Gorder Director	2	1						0	0	(
Tom Handley Director	2	1						0	0	(
Dobson West Director	2	1						0	0	(
David Lilly Director	2	1						0	0	(
Sarah Lutman President	4	1		1				0	206,248	15,984
				<u> </u>						· · · · · · · · · · · · · · · · · · ·
	-									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			-	C)			(D)	(E)	(F)			
	Name and title	Average hours per	Positi	on (c	hec	k all	that ap	ply)	Reportable compensation	Reportable compensation			nated unt of	
		week	or d	Inst	Officer	Xey	emp	Former	from	related			her	•
		(describe hours for	Individual trustee or director	Institutional trustee	ĕ	Key employee	loye	ner	the organization	organization (W-2/1099-M)		compe	ensati n the	on
		related	의 이 T	nal) og	e com		(W-2/1099-MISC)	(=	/	organ	ıızatıo	
		organizations in Schedule	ıstee	trust		ď	bens					and r organ	related Ization	
		O)	"	ee			Highest compensated employee					•		
								ļ —						

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									1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					
						ļ		├-						
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				-	-	\vdash		-			_			
									1					
					-									
			l <u> </u>											
1b	Sub-total		_					>	0	846,	022		- 4	<u> 16,583</u>
C	Total from continuation sheets to Part	VII, Sectio	n A							046	000			46 500
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but	not limited	to th	0000	liet	hed	ahove	2) w	ho received m	846,		n		46,583
-	reportable compensation from the organi			1030	, 1131	LEG	abovi	-) vv	mo received mi	ore man gro	0,000 1	11		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete											3		├ ✓
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	greater til	all 9	100,	000	, . ,	, , ,	٥,	complete och	iedule o loi	30011	4	1	
5	Did any person listed on line 1a receive of									ation or indi	vidual		•	
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	redi	ule J 1	for s	such person			5	_	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than	\$100,	000 of		
	compensation from the organization							Γ-				(0)		
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
The M	Innesota Opera, 620 North First Street, Minn	eapolis, MN	5540	1				Fu	ndraising Servi	ces			10	07,228
	aint Paul Chamber Orchestra, 408 St Peter S				ul, N	MN :	55102	_						01,136
								<u> </u>				_		
								-						
	Total number of independent contractor	rs (includi	na bi	ıt n	ot	lımı	ted to	l_th	nose listed abo	ove) who				
۲.	received more than \$100,000 in compens									,				

Part	VIII	Statement of Rev	renue				4-1	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns	s <u>1a</u>	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	0				
ts, g	С	Fundraising events	1c	0				
gıff	d	Related organizations		208,365	·			
ıns,	е	Government grants (con		0				
utio er s	f	All other contributions, g						
trib		and similar amounts not inc		4,268,291				
out	9	Noncash contributions includ		208,365				
	h	Total. Add lines 1a-1	1	Business Code	4,476,656			
Program Service Revenue	20			Business Code				
Seve	2a b							
ce	C							
ē	d							
S E	e							
gra	f	All other program ser						
Pro	g	Total. Add lines 2a-2		>	0			<u> </u>
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	•	3,440	0	0	3,440
	4	Income from investmen	t of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	•	0	0	0	0
	_		(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses			}			
	C d	Rental income or (loss) Net rental income or		0	1			
	7a	Gross amount from sales of	(i) Securities	(ii) Other		·····		<u> </u>
		assets other than inventory	(,,	(", "				
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)	0	0				
a .	d	Net gain or (loss)		•				
venue	8a	Gross income from fu	undraising				;	
		events (not including \$	0					
Other Re		of contributions reporte						
he	١.	See Part IV, line 18 .	a					
ō	1	Less direct expenses Net income or (loss) f		events >				
		Gross income from ga		events				
	34	See Part IV, line 19	a a		:			
	b	Less direct expenses						
	c	Net income or (loss) f		vities >	İ			
	10a	Gross sales of in	ventory, less					
		returns and allowance	es a					
	b	Less cost of goods s	sold b					
	С	Net income or (loss) f						
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	C	Λ11 ather and a						
	d	All other revenue Total. Add lines 11a-	114				-	
	е 12	Total revenue. See II			4,480,096	0	0	3,440
				-	7,700,000	U	U	3,440

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and	_	expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	o	o		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	o	o		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	о	0		
4	Benefits paid to or for members .	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees .	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	Ì			
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	0	0	0	0
0	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)	- 0			
а	Management				
b	Legal				
С	Accounting	5,000	0	5,000	
d	Lobbying	5,000			5,000
е	Professional fundraising services. See Part IV, line 17	208,365			208,365
f	Investment management fees .				
g	Other .	3,452			3,452
12	Advertising and promotion		_		
13	Office expenses	178	0	178	
14	Information technology .				
15 16	Royalties				
17	Occupancy Travel				······································
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings	128			128
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	0		0	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
_		4.000	4.000	0	
a b	Artistic Fees	4,606	4,606		0
C					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	226,729	4,606	5,178	216,945
26	Joint costs. Check here ► I if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
	Campaiuri anu iunuraisinu Suicitatiun	1			

P	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing .		883	1	0
	2	Savings and temporary cash investments	1,541,988	2	3,218,299	
	3	Pledges and grants receivable, net	750,000	3	2,033,069	
	4	Accounts receivable, net			4	
ets	5	Receivables from current and former officers, employees, and highest compensated employ Schedule L		5		
	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net	. 1		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	0	10c	
	11	Investments—publicly traded securities		<u>.</u>	11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments-program-related See Part IV, line	h h		13	
	14	Intangible assets .			14	
	15	Other assets See Part IV, line 11		500,701	15	1,517,980
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	2,793,572	16	6,769,348
	17	Accounts payable and accrued expenses		289,769	17	12,178
	18	Grants payable	Ī		18	······································
	19	Deferred revenue .	, .		19	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability Complete	Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, employees, highest compensated employees,	directors, trustees, key			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
- sa	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.	ere ▶ ☑ and complete	289,769	26	12,178
ŭ	27	Unrestricted net assets		3,780	27	1,002,040
ala	28	Temporarily restricted net assets		1,500,023		3,780,641
8	29	Permanently restricted net assets		1,000,000		1,974,489
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117, cl complete lines 30 through 34.	1,000,000		1,074,403	
Ş	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or ed	guipment fund		31	
As	32	Retained earnings, endowment, accumulated in		·-,··,	32	-
<u>e</u> t	33	Total net assets or fund balances	.,	2,503,803	33	6,757,170
Z	34	Total liabilities and net assets/fund balances		2,793,572	34	6,769,348
	-		-	<u> </u>		Form 990 (2010)

Form 99	90 (2010)			Pa	ge 12		
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,48	0,096		
2	Total expenses (must equal Part IX, column (A), line 25)	2		22	6,729		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,50	3,803		
5	Other changes in net assets or fund balances (explain in Schedule O) .	5	_				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,75	7,170		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
1	Accounting method used to prepare the Form 990	plain in		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1		
b	Were the organization's financial statements audited by an independent accountant? .		2b	1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for complete of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	1			
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O	xplaın ın					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years used on a separate basis, consolidated basis, or both	ear were					
	✓ 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					

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

Form **990** (2010)

the Single Audit Act and OMB Circular A-133?.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

ARTS	PARTNERSHIP								26-250	7419		
Par	t I Reason f	or Public Cha	rity Status (All orga	nızatıon	s must c	omplete	this pai	rt.) See ii	nstruction	ns.		
The c	organization is not	a private founda	ation because it is (Fo	r lines 1	through 1	1, check	only one	box)				
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E)							
3			spital service organiza									
4			on operated in conjun	ction with	n a hospit	al descril	oed in se	ction 170)(b)(1)(A)(ı	ı <mark>iı).</mark> Enter	the	
	hospital's nam	ne, city, and stat	e [,]									
5		on operated for)(1)(A)(iv). (Com	the benefit of a colleg	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit de	escribe	d in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization	on that normally	receives a substantia	al part of	its suppo	ort from a	a governi	nental ur	iit or from	the gen	eral pu	plic
	described in s	ection 170(b)(1)	(A)(vi). (Complete Par	tII)								
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II)						
9	An organization	n that normally	receives (1) more that	an 331/3%	6 of its si	upport fro	om contri	butions,	membersl	hip fees,	and g	ross
	receipts from	activities related	d to its exempt funct	ions—su	bject to d	certain ex	ceptions	s, and (2)	no more	than 33	1/3% 0	of its
			ent income and unrel						n 511 tax	k) from l	ousines	sses
	acquired by th	ie organization a	ifter June 30, 1975 Se	ee sec tio	n 509(a)(2). (Com	olete Par	t III)				
10	-	-	l operated exclusively			_						
11			nd operated exclusive									
			olicly supported organ								e sec	tion
			describes the type of	_						_		
	_a ✓ Type				e III-Fun		•		d L		III-Oth	
е			that the organization									
		_	ers and other than one	e or more	e publicly	support	ea organ	izations c	iescribed	in sectio	n 509(a)(1)
	or section 509			6	IDC /		- Tu	I Tunn I	ll av Tua.	a III awa		_
f	_	ation received a check this box	a written determination	on from	ine ins	mat it is	a Type	i, type i	i, or type	e III sup	porting	
_			he organization acce	ntad anu	auft or o	antributio	o from a	ny of the	,	•		✓
g	following pers	ons?	_								r:	
	, ,	-	ndirectly controls, eith		_	her with	persons	describe	מa (וו) מו ל		Yes	No
			ody of the supported	_	ionz					11g(ı)		<u>√</u>
			on described in (i) abo							11g(ii)		<u>√</u>
L			a person described in ion about the support							11g(III)		✓
h		T		1	organization	(A D. 4)		1	41:	(m) A	mount of	
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9		sted in your		ou notify nization in		is the tion in col		mount of pport	
	· ·		above or IRC section	governing	document?		of your port?		zed in the S?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
S	ch A, Stmt 1							 	 			
(A)							ŀ					
(5)												
(B)												
(0)		 										
(C)			1									
(D)												
	 							-	 			
(E)												
		1.				-	-	 	 			
					1		1					0

Total

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. The portion of total contributions by person each (other than governmental publicly unit or 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 Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources $\overline{\mathbf{s}}$

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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instructi	ons)			12			
13	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon	d, third, fourti	n, or fifth tax y	ear as	a section	on 501(c)(3 ▶	·
Secti	on C. Computation of Public Suppor	rt Percentag	e						
14	Public support percentage for 2010 (line 6	6, column (f) d	ivided by line 1	1, column (f))		14			%
15	Public support percentage from 2009 Schedule A, Part II, line 14								
16a	331/3% support test—2010. If the organization qua				id line 14 is 331	/3% O	r more, d	check this	
b	331/3% support test—2009. If the organ check this box and stop here. The organ					15 is	33¹/3%	or more,	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd sto	p here.	Explain in	
ь	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis bo	x and s	top here	
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this	box and	see >	

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 or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	•			,		
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					!	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		- ·- -				
J	furnished by a governmental unit to the organization without charge					ļ	
6	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3		 		 		
7 4	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000			!	İ		
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b			ļ			
с 8	Public support (Subtract line 7c from						
Ū	line 6)	,				·	
Secti	on B. Total Support		.1	 	<u> </u>		
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b .						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
•	loss from the sale of capital assets						
	(Explain in Part IV)						_
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	L organizatio	n's first secon	d third fourth	n, or fifth tax v	Lear as a sectio	on 501(c)(3)
• •	organization, check this box and stop he		., 661, 6666.	10, 111110, 10011	,, 0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou. 40 a ooo	oo .(o,(o,
Sect	ion C. Computation of Public Suppor		je	· · · · · ·			
15	Public support percentage for 2010 (line			13, column (f))	•	15	%
16	Public support percentage from 2009 Scl					16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2010 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests - 2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2009. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲

Schedule A (Fe	chedule A (Form 990 or 990-EZ) 2010							
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).	<u> </u>						
	,							
		- -						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

• ;	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	e of organization			Employer ider	ntification number
	S PARTNERSHIP		504/	-) 507	26-2507419
		e organization is exempt und			organization.
1	*	the organization's direct and indire	ect political campa	aign activities in Part IV	<u>.</u>
2	Political expenditures . Volunteer hours		•		
3	Volunteer nours	, , ,	•		
Par	t I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	on 4955 ► \$	5
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	r section 4955 🕒 🐧	5
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
48	Was a correction made?				Yes No
t	If "Yes," describe in Part				
		e organization is exempt und			(c)(3).
1	-	expended by the filing organiz	ation for section		
	activities			▶ \$)
2		filing organization's funds contrib	uted to other org		
_	527 exempt function activi		r	► \$)
3		spenditures Add lines 1 and 2	Enter here and		•
	line 17b			. ▶ \$	
4		file Form 1120-POL for this year?			∐ Yes ∐ No
5		es and employer identification nun			
		nts For each organization listed, entributions received that were pror			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV
	as a separate segregated	Turid or a pointed detion committee		1	The state of the s
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
		ł		funds If none, enter -0-	promptly and directly
			1		delivered to a separate political organization. If
					none, enter -0-
/4)					
(1)]		
(2)					
					
(3)			_		
			<u> </u>		
(4)			-		
					
(5)		}	1		
(6)					

Schedu	le C	(Form	990	or 9	90-	EZ)	201	C
			_		 -		7.2	-

f Grassroots lobbying expenditures

2000	2
ade	_

OCIN	radie C (1 0/1/1 990 01 990-LZ) 2010					Page ∠
Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 50	01(c)(3) and filed	d Form 5768 (ele	ction under
	Check ► ☐ if the filing organization belo					· .
<u>B</u>	Check ► ☐ If the filing organization chec			roi" provisions a	ipply.	
	Limits on Lobbyi (The term "expenditures" mea	•)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence a	•				·
	c Total lobbying expenditures (add lines 1a	•	, (,,	5/		
	d Other exempt purpose expenditures	,				
	e Total exempt purpose expenditures (add li	nes 1c and 1	ld)			
	f Lobbying nontaxable amount Enter th columns		,	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o			
	Over \$17,000,000	\$1,000,000	· <u> </u>			
	g Grassroots nontaxable amount (enter 25% of line 1f)					
	h Subtract line 1g from line 1a If zero or less, enter -0-					··
	Subtract line 1f from line 1c If zero or less					
	If there is an amount other than zero o		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?			_		Yes No
	4-Year (Some organizations that made columns below. Se	e a section s		not have to com		,
	Lobbying E	xpenditures	During 4-Year Av	veraging Period	rr	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2010

	(election und	der section 501(h)).	1	a)		(b)	
			Yes	No	Aı	mount	t
1		he filing organization attempt to influence foreign, national, state or local	-				
	legislation, including referendum, through the	any attempt to influence public opinion on a legislative matter or ne use of					
а	Volunteers? .			1	l		
b	_	nent (include compensation in expenses reported on lines 1c through 1i)?		✓	l		
С	Media advertisements			✓			
d		legislators, or the public?		/	<u> </u>		
e	· · · · · · · · · · · · · · · · · · ·	hed or broadcast statements?		/	 		
f 		zations for lobbying purposes?		/			
9		islators, their staffs, government officials, or a legislative body? s, seminars, conventions, speeches, lectures, or any similar means?	-	1			5,000
h :	Other activities? If "Ye			V			
i	Total Add lines 1c thr		 	-			5,000
J 2a		e 1 cause the organization to be not described in section 501(c)(3)?					3,000
b		bunt of any tax incurred under section 4912		Ė			
c	•	bunt of any tax incurred by organization managers under section 4912					
		n incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if	the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
	501(c)(6).						
						Yes	No
1	_	(90% or more) dues received nondeductible by members?			1	<u> </u>	
2		nake only in-house lobbying expenditures of \$2,000 or less?			2		
3		gree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
Paru	III-B Complete if 501(c)(6) if B "Yes."	the organization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I	ine 3	is ar	iswere	ed	
1		nd similar amounts from members		1			
2		eductible lobbying and political expenditures (do not include amounts or which the section 527(f) tax was paid).	of				
а	Current year			2a			
b	Carryover from last ye	ar		2b			
С	Total			2c			
3		ported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>		
4		and the amount on line 2c exceeds the amount on line 3, what portion of			l		
	and political expendition	nization agree to carryover to the reasonable estimate of nondeductible lobb	ying		1		
5		obying and political expenditures (see instructions)		5			
Par		al Information					
Comp		the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5;	and F	Part II-	B, line	1ı Als	30,
	· · · · · · · · · · · · · · · · · · ·	The Arts Partnership and its lobbyist met with City of Saint Paul officials as well	as Sta	te offi	cials to	ensur	re
		cated during the previous legislative session for the building of a new concert ha					
		ot in jeopardy of being unallocated during the 2011 legislative session					
						·	
			 -				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

ARTS	PARTNERSHIP		26-2507419
Pai	Organizations Maintaining Dono organization answered "Yes" to F		Funds or Accounts. Complete if the
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
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		
_	funds are the organization's property, subje-	=	_
6	Did the organization inform all grantees, do only for charitable purposes and not for the		
	conferring impermissible private benefit?	e benefit of the donor of donor advisor,	or for any other purpose ☐ Yes ☐ No
Par		plete if the organization answered "Yo	
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g.,		
	Protection of natural habitat	·	on of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year	ation held a qualified conservation contrib	oution in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		2b
С	Number of conservation easements on a ce	, ,	2c
d	Number of conservation easements include historic structure listed in the National Regis		1 [
3	Number of conservation easements modifie		2d
3	tax year	d, transferred, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		
	violations, and enforcement of the conserva		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conserva	ition easements during the year
	-		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	easements during the year
_	\$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(a) above satisfy the requirement	This of section 170(n)(4)(b)
9	In Part XIV, describe how the organization re	anorte conservation easements in its reve	
3	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Par		ections of Art, Historical Treasures vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not to report i	n its revenue statement and balance sheet
	works of art, historical treasures, or other	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIV, the text	of the footnote to its financial statements	s that describes these items
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition ts relating to these items	n, education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII	l, line 1 .	▶ \$
_	(i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part XIf the organization received or held works		> \$
2	If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other sir under SFAS 116 (ASC 958) relating to the	milar assets for financial gain, provide the se items
а	Revenues included in Form 990, Part VIII, lir	ne 1	> \$
b	Assets included in Form 990, Part X	•	▶ \$

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or Of	ther Similar Ass	ets (continued)	
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and oth	ner records, chec	k any of the follow	wing that are a sig	gnificant use of its	
а	Public exhibition			n or exchange pro			
b	Scholarly research		e 🗌 Oth	er			
С	Preservation for future generation						
4	Provide a description of the organizat	ion's collections a	ind explain how the	hey further the org	ganization's exem	pt purpose in Part	
	XIV						
5	During the year, did the organization					Yes □ No	
Doub	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,						
Fait	line 9, or reported an amoun	t on Form 990, F	Part X, line 21				
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intermediary fo	or contributions of	r other assets no	t ☐ Yes ☐ No	
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following to	able			
				-		nount	
С	Beginning balance		•	10			
d	Additions during the year	•		10			
e	Distributions during the year			16			
f	Ending balance Did the organization include an amount	nt on Form 990 Pa	art X line 212	<u></u>		☐ Yes ☐ No	
2a b	If "Yes," explain the arrangement in Pa		it X, iiie Z i		•		
Pari		ete if the organiz	ation answered	"Yes" to Form 9	90, Part IV, line	10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		
1a	Beginning of year balance .	250,023	0	0			
b	Contributions .	450,000	250,000	0			
С	Net investment earnings, gains, and				Į		
	losses	25	23	0			
d	Grants or scholarships	0	0	.0			
е	Other expenditures for facilities and		_	_		:	
	programs	250,023	0			 	
f	Administrative expenses End of year balance	0 450,025	250,023			 	
g 2	Provide the estimated percentage of t				·	<u> </u>	
a	Board designated or quasi-endowmer						
b	Permanent endowment ► 1		•				
С	Term endowment ▶ 0 %						
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held and ac	dministered 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 organ					3b	
4	Describe in Part XIV the intended use: VI Land, Buildings, and Equip						
Par	Description of investment	(a) Cost or ot			Accumulated	(d) Book value	
	Description of investment	(investm	1 ' '		lepreciation		
1a	Land						
b	Buildings .						
С	Leasehold improvements						
d	Equipment						
E Total	Other Add lines 1a through 1e (Column (d) r.	nust equal Form 0	90 Part Y column	(R) line 10(c)	•		
Total.	Add lines to through the (Column (b) I	nust equal Form 9.	Jo, rait A, Colullii	, (D), mie 10(C))		dule D (Form 990) 2010	

Part VII	Investments - Other Securitie	s. See Form 990, Part >	(, line 12.	
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	l derivatives			
	held equity interests			
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				,,
(H)				
(i)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments – Program Relat	ed. See Form 990, Part	X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of vo Cost or end-of-year	
(1)				
(2)				
_(3)				
_(4)				
(5)				
(6)				
(7)				
(8)			-	
(10)	· · · · · · · · · · · · · · · · · · ·			
	(b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990,	Part X, line 15		,
		(a) Description		(b) Book value
	payments that will be contributed to a	related IRC Section 501(c)(3) org upon completion	1,517,980
(2)				
(3)				
(4) (5)				
(6)				
(7)		······································		
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X,			1,517,980
Part X	Other Liabilities. See Form 99 (a) Description of liability	(b) Amount		
	I income taxes	(b) Amount		
(2)			-	
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
(10)	,,-,,		_	
(11)	(b) must equal Form 990, Part X, col. (B) line 25)		_	
	ASC 740) Footnote In Part XIV, provid		to the organization's financial state	ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedu	le D (Form 990) 2010			Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	4,480,096
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	226,729
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	4,253,367
4	Net unrealized gains (losses) on investments		4	0
5	Donated services and use of facilities .	,	5	0
6	Investment expenses		6	0
7	Prior period adjustments .		7	0
8	Other (Describe in Part XIV)		8	0
9	Total adjustments (net) Add lines 4 through 8		9	0
_10	Excess or (deficit) for the year per audited financial statements. Comb	oine lines 3 and 9	10	4,253,367
Part	the second control of the second control of		ue per Return	
1	Total revenue, gains, and other support per audited financial stateme	nts	1	4,480,096
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	0	
b	Donated services and use of facilities .	2b	0	
С	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIV)	2d	0	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1	1 1	3	4,480,096
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIV)	4b	0	
c	Add lines 4a and 4b	(40)	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5	4,480,096
Part		itements with Exper	ises per Return	
1	Total expenses and losses per audited financial statements			226,729
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a		
a	Donated services and use of facilities .	2b	0	
b	Prior year adjustments Other losses .	2c	0	
c d	Other losses Other (Describe in Part XIV)	2d	0	
e	Add lines 2a through 2d	[20]	2e	0
3	Subtract line 2e from line 1		3	226,729
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		220,723
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o	
b	Other (Describe in Part XIV)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18)	5	226,729
Part				
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, 7, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part			
•	dditional information			
	dule D, Part V, Line 4 - Endowment funds will be used to help each of the fo			
	ay Center for the Performing Arts facility During Fiscal Year 2011 a donor	unrestricted their endow	ment gift and this an	iount is
snow	ing as an expenditure on Form 990 Schedule D Part V (e)	•		

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization				•	Employer identification	ation number
ARTS PARTNERSHIP					26-2	507419
Fundraising Activities. Co				vered "Yes" to For	m 990, Part IV, II	ne 17.
1 Indicate whether the organization r		·	•	owing activities Che	ck all that apply	
a Mail solicitations				ion of non-governme		
b Internet and email solicitations		f [Solicitati	ion of government g	rants	
c Phone solicitations		g [Special 1	fundraising events		
d In-person solicitations						
2a Did the organization have a written or key employees listed in Form 99						
b If "Yes," list the ten highest paid in compensated at least \$5,000 by the	dividuals or (entities (fun			_	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 See Schedule G, Part IV, Statement		Yes	No			
2		-				
3						
4						
5					:	
6		1				
7						· · · · · · · · · · · · · · · · · · ·
8						
9						
10						
Total			>	4,476,657	208,365	4,268,292
3 List all states in which the organiz registration or licensing	ation is regis	stered or lic	ensed to s	solicit contributions	or has been notifie	d it is exempt from
MN						
						·····
					-	

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus				
	4	line 2) Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1000			
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary Ac Net income summary Comb Gaming. Complete if the	oine line 3, column (d), a e organization answei	nd line 10	0, Part IV, line 19, or	reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 	1	Gross revenue				
nses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ No	□ No	
	7	Direct expense summary Ac			•	()
	8	Net gaming income summar	y Combine line 1, colur	mn d, and line 7	•	
9	a Is	nter the state(s) in which the or the organization licensed to o "No," explain		s in each of these states		☐ Yes ☐ No
10		ere any of the organization's g "Yes," explain	gaming licenses revoked	d, suspended or termina	ated during the tax year	? ☐ Yes ☐ No

Schedu	ile G (FORM 950 of 950-E2) 2010			Page 3
11 12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enformed to administer charitable gaming?	itity _	Yes	□ No
13	Indicate the percentage of gaming activity operated in	. U	Yes	☐ No
а		3a		%
b		3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records	and		
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gamerevenue?		Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
	Name ▶	.		
	Address ▶			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license? .		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$	s or		
Part	Supplemental Information. Complete this part to provide the explanations required by Pa columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also part to provide any additional information (see instructions).	rt I, line compl	2b, ete th	าเร
				•
		·		

. Schedule G, Part IV, Statement 1

Form Schedule G

Page 1

Line Number Part I Line 2b

ARTS PARTNERSHIP 26-2507419

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
Minnesota Opera	The Minnesota Opera and The Saint Paul	No	4,476,657	208,365	4,268,292
The Saint Paul Chamber Orchestra	Chamber Orchestra, separate 501 (c) 3				
620 North First Street	organizations, are two of the four 501 (c) 3				
Minneapolis, MN 55401	organizations comprising The Arts				
	Partnership Since The Arts Partnership				
	does not have paid staff, from time to time it				
	will utilize services from related				
	organizations. The fundraising efforts from				
	The Arts Partnership are being executed by				
	The Minnesota Opera and The Saint Paul				
	Chamber Orchestra Each organization				
	received a fee for their services and direct				
	reimbursement for their expenses relating to				
	this activity. This fee and direct expense				
	reimbursement is paid by a 3rd party fund				
	that is not controlled by The Arts				
	Partnership Since The Arts Partnership is				
	the direct beneficiary of the funds raised by				
	these fundraising efforts, The Arts				
	Partnership records the value of the				
	services that were directly paid by the 3rd				
	party as an in-kind contribution and records				
	the same amount as an offsetting expense				
Total			4,476,657	208,365	4,268,292

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23

► Attach to Form 990. ► See separate instructions.

2010 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **ARTS PARTNERSHIP**

Inspection Employer identification number

26-2507419

Part	Questions Regarding Compensation			-	
				Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III to p	ovided any of the following to or for a person listed in Form rovide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
	☐ Travel for companions	☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		ne organization follow a written policy regarding payment penses described above? If "No," complete Part III to	1b		
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Director	reimbursing or allowing expenses incurred by all officers, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all the				
	☐ Compensation committee	☐ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, organization or a related organization	Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	payment from the organization or a related organization?	4a		1
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b		1
С	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
5	Only section 501(c)(3) and 501(c)(4) organization For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of				
а	The organization?		5a		1
b	Any related organization?	•	5b		1
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		✓
b	Any related organization?	• •	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	n A, line 1a, did the organization provide any non-fixed describe in Part III	7		✓
8	Were any amounts reported in Form 990, Part VII, p	paid or accrued pursuant to a contract that was subject			
	•	Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		✓
9	If "Yes" to line 8, did the organization also foll Regulations section 53 4958-6(c)?	ow the rebuttable presumption procedure described in	9		

Page 2

Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation				()
(A) Name	· 	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	(C) Retitement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Patricia Mitchell	Ξ	0	0	0	0	0	0	0
-	Ξ	293,533	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0	0	7,500	301,033	0
Sarah Lutman	3	0		0	0	0	0	0
2	Ξ	205,739	0	503	0	16,640	222,888	0
Kathleen van Bergen	8	0	0	0	0	0	0	0
က	Ξ	137,327	20,00	0	13,732	5,512	176,571	
Kevin Smith	Ξ	0		0	0	0	0	0
4	Ξ	188,604	0	310	0	4,914	193,828	0
	Ξ							
5	(ii)							
	Ξ							
9	(ii)							
	Ξ							
7	(3)							
	3							
8	Ξ							
	3							
6	(ii)							
	Ξ							
10	(ii)							
	(3)							
11	Ξ							
	3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
12	Ξ							
	3				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
14	Ξ							
	3						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	3							
	Ξ							
16	E							

Schedule J (Form 990) 2010

3	I
O	l
ag	I

Section (1943 Age and 2014) Complete this part in provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 6. Also complete this part for any additional information, explanation, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 6. Also complete this part for any additional information and definition in the Arts Parteriable as repetited on the relations and Directors and Directors of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relations of the Arts Parteriable as repetited on the relationship of the respective Officer and Director this serves as an officer for The Arts Parteriable as repetited on the relationship of the respective Officer and Director this serves as an officer for The Arts Parteriable as a server of the Arts Parteriable as a separated on the relationship of the respective Officer and Director this server as an officer on the Arts Parteriable as a server of

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
 ► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ARTS PARTNERSHIP

Employer identification number 26-2507419

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art			· · · · · · · · · · · · · · · · · · ·				
2	Art-Historical treasures					• • • • • • • • • • • • • • • • • • • •		
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded			.=				
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation	<u> </u>			<u> </u>			
14	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles				,			
19	Food inventory	ļ	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
20 21	Drugs and medical supplies Taxidermy							
22	Historical artifacts							
23	Scientific specimens	<u> </u>						
24	Archeological artifacts				1	-		
25	Other ► (Sch M, Stmt 1)							
26	Other ► ()							
27	Other ► ()		, , , , , , , , , , , , , , , , , , ,	·				
28	Other ► (
29	Number of Forms 8283 received							
	which the organization completed	d Form 8283	3, Part IV, Donee Acknowle	dgement	29			0
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three year			ution, and which is not req	uired to be			
	used for exempt purposes for the		ing period?		•	30a		✓_
	If "Yes," describe the arrangemen							
31	Does the organization have a	gift accep	tance policy that require	es the review of any no	n-standard	l		
20-	contributions?	د د د احساط سا	unn nu volated	n ta paliait e	ا مممال	31	✓	
32a	Does the organization hire or us contributions?	e third part	les or related organization	is to solicit, process, or se	eii noncash			,
						32a		
33	If "Yes," describe in Part II If the organization did not report a	n amount in	column (c) for a type of pro	anerty for which column (a)	is chackad			
<i>-</i>	describe in Part II	iii aiiiouiii III	rodium (o) for a type of pro	porty for writeri columni (a)	is checked,			

	orm 990) (2010) Page :
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

. Schedule M, Part II, Statement 1

Form Schedule M

Page 1

Line Number Part I Line 25-28

ARTS PARTNERSHIP 26-2507419

Description of Other Types of Property

		lines on Part I	Contributions	Revenues
Description	Fundraising Services	Yes	2	208,365
Method of determining	FMV			
revenues				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

ARTS PARTNERSHIP

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

26-2507419

Form 990, Part VI, Section B, Line 11b - A copy of the 990 is reviewed by outside counsel and then forwarded to each Board member for their review. The report is accepted through a Board motion at the next meeting or via electoric vote prior to the required filing date. All
questions or comments received from outside counsel and Board members are addressed prior to filing the report with the IRS
Form 990, Part VI, Section B, Line 12c - The Ordway Center for the Performing Arts Board of Directors reviews the conflict of interest statement on an annual basis
Form 990, Part VI, Section B, Line 15 - The Arts Partnership has no paid employees. The Arts Partnership Board approves the budget and any payments for services to outside organizations that fulfill employee type responsibilities as well as payments for services provided by
related organizations The related organizations are Ordway Center for the Performing Arts, The Schubert Club, The Minnesota Opera and The Saint Paul Chamber Orchestra
Form 990, Part VI, Section C, Line 19 - The Arts Partnership will make these documents available upon request

. Schedule O, Statement 1

Form 990

Page 1

Line Number

ARTS PARTNERSHIP 26-2507419

Reasonable Cause Explanations

Explanation

Some of the information needed to complete The Arts Partnership 990 is received directly from the related 501 (c)(3) organizations and this information was not available until after the first 990 extension period for The Arts Partnership and therefore The Arts Partnership required a second extension to complete its 990

· Schedule O, Statement 2

Form 990 Page 1

Line Number Part I Line 1

ARTS PARTNERSHIP 26-2507419

Activity Or Mission Description

Description

Arts, The Saint Paul Chamber Orchestra Society, The Minnesota Opera, and The Schubert Club, ..., each of which is a Minnesota nonprofit corporation exempt from federal income tax under Section 501(c)(3) of the Code and classified as a public chartity under Section 509(a)(1) or 509(a)(2) of the Code The Corporation may receive gifts and bequests and hold, administer, and dispose of the same exclusively for the accomplishment of the charitable purposes for which the Corporation was created. The Corporation in carrying out its purposes shall have all the powers granted by law to a corporation formed under the Minnesota Nonprofit corporation. Act, Minnesota Statute Chapter 317A, as amended

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

ARTS PARTNERSHIP Name of the organization

Part

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37 ▶ Attach to Form 990.

► See separate instructions

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

OMB No 1545-0047

2010
Open to Public Inspection
Employer identification number

26-2507419

(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income En	(e) End-of-year assets D	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	itions (Complete if thring the tax year.)	e organization ar	swered "Yes" to	5 Form 990, Part	IV, line 34 becau	se it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
(1) Ordway Center for the Performing Arts (41-1428998) 345 Washington Street, Saint Paul, MN 55102	Performing Arts Center MN	N	501 (c) 3	7	N/A	
ty (41-0829498) IN 55102	World Class Orchestra	MN	501 (c) 3	7	A/A	
	Recital music performances	MN	501 (c) 3	7	N/A	
(4) The Minnesota Opera (41-0946789) 620 North First Street, Minneapolis, MN 55401	Performance of self- produced Operas	MN	501 (c) 3	7	N/A	
(5)						
(9)						
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2010

(h) Percentage ownership (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, Into 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (J) General or managing partner? ŝ end-of-year assets Yes (g) Share of (I)
Code V—UBI
amount in box 20 of
Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate ž allocations? Yes (e)
Type of entity
(C corp, S corp, or trust) (g) Share of end-of-year (d)
| Direct controlling entity (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign (a)
Name, address, and EIN of related organization (b)
Primary activity N E related organization (a) Name, address, and Part III Part IV 9 Ξ 2 ල € (2) ε Ξ 8 ල € 2 9 2

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Yes	8 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	zations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•		1a	>
		•	1b	>
		,	10 ~	_
			1d	>
			1e	>
(a) not the state of the state			7	`
			: 5	/
			5 4	•
n Exchange of assets				
 Lease of facilities, equipment, or other assets to other organization(s) 			=	>
. lease of facilities equipment or other assets from other organization(s)			; -	>
	•		*	>
			>	
m Sharing of facilities, equipment, mailing lists, or other assets .			1m	>
n Sharing of paid employees		•	1n	>
o Baimhi reamont paid to other organization for expenses			- 0	>
		•	1p	>
 Qther transfer of cash or property to other organization(s) 			19	>
				>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ding covered relationships a	and transaction	on threshol	lds.
(a) Name of other organization	(b) (c) Transaction Amount involved type (a-r)		(d) Method of determining amount involved	guiuii Pe
See Schedule R, Part VII, Statement 1				
(1)				
(2)				
(6)	_	Schedule F	Schedule R (Form 990) 2010) 2010

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes No		Yes No		Yes No
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	rm 990) 2010

	Form 990) 2010	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	
		•••••
		·
		· · · · · · · · · · · · · · · · · · ·
		·•••
		
	·	
		· · · · · · · · · · · · · · · · · · ·
		·

. Schedule R, Part VII, Statement 1

Form Schedule R

Page 3

Line Number Part V Line 2

ARTS PARTNERSHIP 26-2507419

Description of Covered Relationships and Transaction Thresholds

		Amount involved
Name	The Minnesota Opera	107,228
Transaction type	· ·	
Method of determining amount involved	Actual amount The Minnesota Opera received from a third party grant to	
	perform these services for The Arts Partnership	
Name	The Saint Paul Chamber Orchestra Society	101,136
Transaction type	‡	
Method of determining amount involved	Actual amount received from a third party grant for The Saint Paul	
	Chamber Orchestra Society to perform these services for The Arts	
	Partnership	

ARTS PARTNERSHIP

Form Schedule A

Page 1

Line Number Part I Line 11h Table

26-2507419

Information About the supported organizations

		Amount
Name	The Saint Paul Chamber Orchestra Society	0
EIN	41-0829498	
Type Of Organization	501 (c) 3	
Listed In Governing Documents	Yes	
Supported Organization Notified		
Organized In US	Yes	
Name	The Schubert Club	0
EIN	41-0945277	
Type Of Organization	501 (c) 3	
Listed In Governing Documents	Yes	
Supported Organization Notified		
Organized In US	Yes	
Name	The Minnesota Opera	0
EIN	41-0946789	
Type Of Organization	501 (c) 3	
Listed In Governing Documents	Yes	
Supported Organization Notified		
Organized In US	Yes	
Name	Ordway Center for the Performing Arts	0
EIN	41-1428998	
Type Of Organization	501 (c) 3	
Listed in Governing Documents	Yes	
Supported Organization Notified		
Organized In US	Yes	
	Total	0