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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2012**Open to Public

Inspection

6-16 0

Form 990 (2012)

<u>A F</u>	or the	2012 calendar year, or tax year beginning SEP 1, 2012 and ending	AUG	31, 201	3		
Ba	heck if	C Name of organization	D	Employer ident	ification number		
	Addres	DES MOINES METRO OPERA FOUNDATION, INC					
\vdash	change	56		12-	1376458		
\vdash	change lnitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite F	Telephone numb			
F	Termin			•	-961-6221		
Ē	Amend		G	Gross receipts \$	957,116.		
	Application	INDIANOLA, IA 50125-1836		a) Is this a group			
	pendin	F Name and address of principal officer DENISE WIELAND	—] `	for affiliates?	Yes X No		
		SAME AS C ABOVE	H(t	b) Are all affiliates i	ncluded? Yes No		
			527	If "No," attach	a list (see instructions)		
		e: ► N/A		c) Group exempt			
			ear of for	rmation: 1991	M State of legal domicile: IA		
Pa		Summary					
Activities & Governance		Briefly describe the organization's mission or most significant activities TO SUPPODES MOINES METRO OPERA, INC.	RT T	HE OPERA	TIONS OF THE		
erni	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore tha	n 25% of its net	assets		
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3			
ಶ	l	Number of independent voting members of the governing body (Part VI, line 1b)		. 4			
es	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		_5			
ivit	i	otal number of volunteers (estimate if necessary)		6			
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12		. 7			
	рг	Net unrelated business taxable income from Form 990-T, line 34	r	71			
		Contributions and mante (Dort VIII has 4h)		Prior Year	Current Year		
Revenue		Contributions and grants (Part VIII, line 1h)	248,685 0				
		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	123,051				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	19,555.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		371,736			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		725,499			
		Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.		
хре	ь٦	otal fundraising expenses (Part IX, column (D), line 25)					
Ü	17 (Other expenses (Part IX, column (A), lines 11a;11d, 11f-24e)		159,626	. 67,336.		
	18 7	otal expenses Add lines 13 17 (must equal Part IX, column (A), line 25)		885,125			
		Revenue less expenses Subtract line 18 from line 12		<u>-513,389</u>	<u>-565,970.</u>		
s or		®		ing of Current Year			
sset Bala	20 1	otal assets (Part X, line 16)	9	,617,047			
Net Assets or Fund Balances	21 7	otal liabilities (Part X, line 26)	<u> </u>	<u>192,139</u>			
		Net assets or fund balances. Subtract line:21"from line/20 Signature Block	9	<u>,424,908</u>	9,328,932.		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomonto	and to the heat of	mu knowledge and helief it is		
		, and complete. Qeclaration of pr eparer (other than o fficer) is based on all information of which prep			my knowledge and belief, it is		
u u u,	00.100	Deniese Willard Treasure	aici ilas i		13-14		
Sigr	,	Signature of officer		Date	- /		
Her		DENISE WIELAND, TREASURER					
		Type or print name and title					
	ĺ	Print/Type preparer's name Preparer's pognature	Date	Check	PTIN		
Paid		JAMES J. HINGTGEN James J. Hington CPA	1/13	2014 sett-empl	oyed P01301731		
Prep	-	Firm's name DENMAN & COMPANY, LLP		Firm's EtN	42-0794029		
Use	Onty	Firm's address 1601 22ND STREET, SUITE 400					
		WEST DES MOINES, IA 50266-1453		Phone no.	<u>515-225-8400</u>		
May	the IR	S discuss this return with the preparer shown above? (see instructions)			Y Voc No		

	990 (2012) DES MOINES METRO OPERA FOUNDATION, INC 42-1376458 Page 2
Pa	t III 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.
	TO SUPPORT THE OPERATIONS OF THE DES MOINES METRO OPERA, INC.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
40	E47 404
4 a	(Code)(Expenses \$517,424. including grants of \$517,424.) (Revenue \$) FINANCIAL SUPPORT OF THE DES MOINES METRO OPERA, INC. FOR OPERATING
	EXPENSES.
	EVLENOED.
4b	(Code) (Expenses \$
•	THE FOUNDATION HAS MADE A PLEDGE TO SIMPSON COLLEGE FOR THE RENOVATION
	OF THE BLANK PERFORMING ARTS CENTER, WHICH IS WHERE DES METRO OPERA,
	INC. PERFORMS.
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
4 d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 1
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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		_	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a		<u> </u>
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		<u>X</u>
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4 4 6	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	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	,		v
20°=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-21
			990 (2012\

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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		X
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	!	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	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			37
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u>X</u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)		Í	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	If "Yes," complete Schedule N, Part i	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J .	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2012)
			,	•

1s Enter the number reported in 8x3 of Form 1086. Enter 0 if not applicable 1 in 1s		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number or ported in Box 3 of Form 1096. Enter -0* in not applicable 1b 0 1c D 0 1c D 1b 0 1c D 0 1c		, , , , , , , , , , , , , , , , , , , ,		Vac	No
b Enter the number of Forms W2G included in line 1s. Enter of vinit applicable. Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winness? 2s. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, midd for the calendar year ending with or within the year covered by this return. b II at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. If the calendar year end on the 2a, did the organization file all required federal employment tax returns? 2c. If the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If the organization aparty to a prohibited tax shelter transaction as any time during the tax year? 3c. If the organization party to a prohibited tax shelter transaction at any time during the tax year? 3c. If the organization party to a prohibited tax shelter transaction at any time during the tax year? 3c. If the organization party to a prohibited tax shelter transaction at any time during the tax year? 3c. If the organization necess are promised to the organization shelt are not tax deductible as charitable contributions? 3c. If the organization is that were not tax deductible as charitable contributions are purposed to the organization shelt were not tax deductible as charitable contributions are purposed to the organization shelt were not tax deductible as charitable contributions are purposed to the organization shelt and the organization into the organization into the organization into the org	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with expensive provided in the page of the payments of the page of the payments of the payment	_				
gambing) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendaryear ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b if 1'vss, 1's as I filed a Form 950-7 for this year if 1'no, provide an explanation in Schedule O 4a Alany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b if 1'vss, 1'no enter the name of the foreign country. In the special country of the security of the organization that it was or is a party to a prohibited tax shelter transaction? 5c if 1'vss, 1'on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if 1'vss, 1'on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d if 1'vss, 1'on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if 1'vss, 1'on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or it is an organization shall be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the mass of the party of the organization receive a payment in excess of \$5'rs made party as a contribution or and party for goods and services provided? 7 to granization receive a payment in excess of \$5'rs made party as a contribution or and party for goods and services provided? 7 to the organization recei	_		1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b of the organization have unrelated business gross incrine of \$1,000 or more during the year? 3 a X 5 to "vise," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 A any time during the calendar year, did the organization have an interest in, or a spatistive or other authority over, a financial account in a foreign country. If year, and the region of the foreign country. If year, and the name of the foreign country. If year, and the region of the provision of t	_		1c		
tiled for the calendary year ending with or within the year covered by this return The provided of the provided on the 2A did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) As a file organization have unrelated business gross income of \$1,000 or once during the year? As a file organization have unrelated business gross income of \$1,000 or once during the year? As a file organization have unrelated business gross income of \$1,000 or once during the year. As a file organization have unrelated business gross income of \$1,000 or once during the year. As a file organization have unrelated business gross income of \$1,000 or once during the year. As a file organization are country (such as a bank account, securities account, or other financial account)? As a file organization are provided to the organization have an interest in, or a signature or other authority over, a financial accounts? As a file organization are provided to the organization that it was or is a party to a prohibited tax shelter transaction? As a file organization have arrival gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductubles of a charitable contributions? As a file organization have arrival gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductubles a charitable contributions? As a file organization have arrival gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). By a file organization shall may receive deductible contributions and party file groods and services provided to the payor? As a file organization shall may receive deductible contributions under section 170(c). By a file organization receive a payment in excess of \$15 made party as a contribution o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 1'Yes, has it filed a Form 990 for this year? if "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly) See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization for form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization for form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization for the organization that it was or is a party to a prohibited than shelter transaction? 5b Uses a Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicition and express statement that such contributions or gifts were not tax deductible? 5c Uses a was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Uses a was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Uffer organizations that may receive deductible contributions under section 170(c). a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d Uffer organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d Uffer organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Uffer organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7f Uffer Form 8282? 6d Uffer organization maintaining door advised funds and section 69(4)(2) supporting	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
b if Yes, 1 has it flied a Form 990-T for this year? If 1/No. **provide an explanation in Schedule O** All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foregin country (such as a bank account, securities account, or other financial account)? b if Yes, **tenter 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 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that flies are so a party to a prohibited tax shelter transaction? 6 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? 6 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, if do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, indicate the number of Forms 8282 filed during the year. 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 10 Did the organization neceive a py funds, directly or indirectly, on a personal benefit contract? 17 A Z 18 Did the organization exceived an contribution of qualified intellectual property, did the organizations. Did the supporting organizations maintaining donor advised funds and section 500 (e) and programation file Form 8989 as required? 18 Sponsoring organizati		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year titlere are material differences in voting rights among members of the governing body, or if the governing body departed troad authority to an executive committee or similar committee, epipla in Schedule 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members included in the 1st, above, who are independent 0. be Enter the number of voting members of voting the 1st, above, who are independent 0 of Ciferes, incretor, so it this expension of officers, director, so it values of a suggistion of the comparison of officers, or level or persons who had the power to elect or apport one or increment of the organization have members or stockholders or of the organization have members, stockholders, or other persons who had the power to elect or apport one or increment of the organization have members, stockholders, or other persons who had the power to elect or apport one or increment of the organization have members, stockholders, or other persons of the organization have members, stockholders, or other persons of the organization have members, stockholders, or other persons of the organization have members, stockholders, or other persons or other persons organization have members, stockholders, or other persons organization have members, stockholders, or other persons organization have members, stockholders, or other persons orga		Check if Schedule O contains a response to any question in this Part VI					X		
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b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE ORGANIZATION − 515−961−6221 106 W. BOSTON AVE., INDIANOLA, IA 50125		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply. □ Own website □ Another's website ▼ ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE ORGANIZATION − 515−961−6221 106 W. BOSTON AVE., INDIANOLA, IA 50125	b	Other officers or key employees of the organization			15b		X		
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE ORGANIZATION − 515−961−6221 106 W. BOSTON AVE., INDIANOLA, IA 50125		• • • • • • • • • • • • • • • • • • • •							
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In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE ORGANIZATION − 515−961−6221 106 W. BOSTON AVE., INDIANOLA, IA 50125				-	16a		<u> X</u>		
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▼ THE ORGANIZATION - 515-961-6221 106 W. BOSTON AVE., INDIANOLA, IA 50125	b			•					
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 515-961-6221 106 W. BOSTON AVE., INDIANOLA, IA 50125									
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Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE ORGANIZATION − 515−961−6221 106 W. BOSTON AVE., INDIANOLA, IA 50125			0-	hadula Ol					
statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 515-961-6221 106 W. BOSTON AVE., INDIANOLA, IA 50125	40			· · · · · · · · · · · · · · · · · · ·	nd fine:	nous!			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 515-961-6221 106 W. BOSTON AVE., INDIANOLA, IA 50125	19		JIIIICT	or interest policy, a	iia tinai	icial			
THE ORGANIZATION - 515-961-6221 106 W. BOSTON AVE., INDIANOLA, IA 50125	20	· · · · · · · · · · · · · · · · · · ·	nd	orde of the areas:	ation Þ				
106 W. BOSTON AVE., INDIANOLA, IA 50125	20		iiu iec	ords or the organiz	auon 🏓	_			
22200									
		3			Forn	990	(2012)		

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

X Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per					than is bot		1 .	compensation	amount of
	week	officer and						from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	声			1	ᇐ		organization	(W·2/1099-MISC)	from the
	related	stee	truste			Bens		(W-2/1099-MISC)		organization
	organizations	nal tru	onat		ploye	5 g				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM BERENS	1.00	=	흐	ō.	- <u>×</u> -	포함				
TRUSTEE	1.00	X				l		0.	0.	0
(2) MARSHALL FLAPAN	1.00	^					-	0.	0.	<u> </u>
TRUSTEE	1.00	x						0.	0.	0
(3) DR. BRUCE HUGHES	1.00			-	_			0.	0.	0
PRESIDENT	2.00	x		x			ļ	0.	0.	0
(4) CARLTON KING	1.00									
TRUSTEE		x						0.	0.	0
(5) WILLIAM LOZIER	1.00									
TRUSTEE		x						0.	0.	0
(6) TOM MCKLVEEN	1.00									
TRUSTEE		X		l				0.	0.	0.
(7) EDWARD CHARLES MUELHAUPT, III	1.00				,					
PRESIDENT ELECT		X		X				0.	0.	0.
(8) DENISE WIELAND	1.00									
TREASURER		X		X				0.	0.	0 .
(9) ADRIENNE MCFARLAND	1.00	l								
TRUSTEE	-	Х						0.	0.	0
	-	-				<u> </u>				
		-								
				<u> </u>			_			
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Form 990 (2012)

		Check if Schedule O con	tains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
ara our	ь	Membership dues	. 1b					
s, (Am	С	Fundraising events	1c		1			
Sift lar,	d	Related organizations	1d					
s, (е	Government grants (contribut	tions) 1e					
tion r S	f	All other contributions, gifts, gran	nts, and					
bul		similar amounts not included abo	ove 1f	38,345.				
d Offi	g	Noncash contributions included in lines	s 1a-1f \$					
a Gu	h	Total. Add lines 1a-1f		•	38,345.			
				Business Code				-
ce	2 a							
e Zi	b							
Program Service Revenue	С							
ran Sev	d							
Po T	е		_		 .			
₫.	f	All other program service reve	enue					
$\overline{}$	g	Total, Add lines 2a-2f		•		-		
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		▶	248,709.			248,709.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal		r		
		Gross rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)						
l	d	Net rental income or (loss)		•				
ļ	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	670,062.					
	b	Less cost or other basis			İ			
		and sales expenses	938,326.					
		Gain or (loss)	-268,264.			ļ		
		Net gain or (loss)			-268,264.			-268,264.
e	8 a	Gross income from fundraisin	g events (not					
ē		including \$	of					
Other Reven		contributions reported on line	t 1c) See					
ē		Part IV, line 18	а					
盲		Less: direct expenses	. Ь					
		Net income or (loss) from fund	_	>				
	9 a	Gross income from gaming ac	ctivities See					
	_	Part IV, line 19	a	<u> </u>				
		Less. direct expenses .	b	<u> </u>				
		Net income or (loss) from gan	•	<u> </u>				
	10 a	Gross sales of inventory, less						
		and allowances	а	<u> </u>				
		Less cost of goods sold	b					
	С	Net income or (loss) from sale		D				
		Miscellaneous Revenu	•	Business Code				
	11 a						_	
1	b			<u> </u>			_	
	c	All all a						
	d	All other revenue		<u> </u>				
		Total. Add lines 11a-11d						
23200	<u>12 </u>	Total revenue See instructions.			18_790.	0.	0.	
12-10-	-12							Form 990 (2012)

Form 990 (2012) DES MOINES ME
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			omplete column (A)	
	not include amounts reported on lines 6b,		S Part IX (B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	517,424.	517,424.		
2	Grants and other assistance to individuals in				•
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,			İ	•
	organizations, and individuals outside the				,
	United States See Part IV, lines 15 and 16		<u></u>		-
4	Benefits paid to or for members			3 (*
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
þ	Legal	7 200		7 200	
С	Accounting ,	7,300.		7,300.	
d	Lobbying Preference of fundamental accuracy Con Port IV Inc. 17		- 12 - 2 E	الأعاد د عد ^{دم} ا	
e	Professional fundraising services. See Part IV, line 17	52,629.	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	52,629.	
f ~	Investment management fees Other (If line 11g amount exceeds 10% of line 25)	32,023.		34,049.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
40					
12	Advertising and promotion Office expenses	133.		133.	
13 14	Information technology	1,000.		133.	1,000.
15	Royalties	1,000.			1,000.
16	Occupancy				
17	Travel	···			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,274.	6,274.		
21	Payments to affiliates	3,2.10	3,2,1		
22	Depreciation, depletion, and amortization		·-·		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а			<u></u>		
b			<u>_</u> .		
С					
d			<u> </u>		
е	All other expenses				
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	584,760.	523,698.	60,062.	1,000.
26	Joint costs. Complete this line only if the organization]			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	-	1_1_	
2	Savings and temporary cash investments	1,310,528.	2	304,564
3	Pledges and grants receivable, net	209,012.		74,265
4	Accounts receivable, net	51,635.	4	42,613
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	_		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 8	Notes and loans receivable, net	.	7	
8 3	Inventones 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			
l t	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	7,890,169.	11	8,844,828
12	Investments - other securities. See Part IV, line 11	155,703.	12	161,074
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,617,047.	16	9,427,344
17	Accounts payable and accrued expenses	6,198.	17	3,174
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ຊ 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons	_		
7	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	_	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17:24) Complete Part X of			
	Schedule D	185,941.	25	<u>9</u> 5,238
26	Total liabilities, Add lines 17 through 25	192,139.	26	98,412
	Organizations that follow SFAS 117 (ASC 958), check here X and			
S S	complete lines 27 through 29, and lines 33 and 34.	_	_	
27 28 29	Unrestricted net assets	8,462,367.	27	8,374,856
28	Temporanly restricted net assets	762,541.	28	754,076
29	Permanently restricted net assets	200,000.	29	200,000
∄	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund	··	31	
30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	· —	32	
ž 33	Total net assets or fund balances	9,424,908.	33	9,328,932
34	Total liabilities and net assets/fund balances	9,617,047.	34	9,427,344
				Form 990 (201)

Form **990** (2012)

•					
_	990 (2012) DES MOINES METRO OPERA FOUNDATION, INC	42-13	76458	Pa	ige 12
Pa	rt XI 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		8,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-56</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,42		
5	Net unrealized gains (losses) on investments	5	46	<u>9,9</u>	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	****		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,32	8,9	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		·····		LX.
			c	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	 .	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			i
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A·133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012
Open to Public Inspection

Name of the organization Employer identification number DES MOINES METRO OPERA FOUNDATION, 42-1376458 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I **b** Type II c ____ Type III - Functionally integrated Type III · Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? Х 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (1) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No DES MOINES METRO OPERA, 23-73199039 Х X X 517,424.

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

Schedule A (Form 990 or 990-EZ) 2012

517,424.

232021 12-04-12 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

Se	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants ")								
2	Tax revenues levied for the organ-	- · · · · · · · · · · · · · · · · · · ·	-						
	ızatıon's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions		•		٠	,			
	by each person (other than a		1. 4 _{2.} <1	*****		,			
	governmental unit or publicly				1				
	supported organization) included		, - {	_	1 1 40 7	ļ. "			
	on line 1 that exceeds 2% of the		· •	ŗ	, - ;				
	amount shown on line 11,		_	i de	,	å			
	column (f)					ř.			
6	Public support. Subtract line 5 from line 4	eduli liferida	7.44	5 38 W. W.	3	\$ · · ·			
Sec	tion B. Total Support				_				
	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources			-					
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.)								
	Total support. Add lines 7 through 10					<u> </u>			
	Gross receipts from related activities,					12			
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	, —		
Sec	organization, check this box and stop ction C. Computation of Publi	nere ic Support Per	rcentage				<u> </u>		
				column (fl)		14			
	Public support percentage for 2012 (li Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•	Olumin (i))	•	14	<u>%</u>		
	33 1/3% support test - 2012. If the o			n line 13 and line :	1/1 is 33 1/3% or n	15			
ioa	stop here. The organization qualifies	=			14 15 33 1/3/0 01 11	nore, check this box	⊾ □		
h	33 1/3% support test - 2011. If the o		•		line 15 is 33 1/3%	or more check the	e boy		
	and stop here. The organization quali	=			mile 10 is 00 1/0/0	or more, check thi	▶ □		
172	10% -facts-and-circumstances test				13 16a or 16b	and line 14 is 10% a	or more		
	and if the organization meets the "fac	=					•		
	meets the "facts-and-circumstances"			=		it is now the organi.	▶ □		
h	10% -facts-and-circumstances test	•	•		•	17a. and line 15 is 1	0% or		
-	more, and if the organization meets th						oi		
	organization meets the "facts-and-circ				-				
18	Private foundation. If the organization								
						edule A (Form 990)			

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complet	e only if	f you c	hecked	the b	ox on	line 9 c	of Pari	lor	ıf th	ne organization	failed to	qualify	under	Part II	If the	organizatioi	n fails to

Section A. Public Support	ow, piease com	ipiete rait II)			_	
	4.1.0000	410000		4 0 0044	1	
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and					Ī	
membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions,			-			
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		1				
7a Amounts included on lines 1, 2, and				 	 	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				 	 	
from other than disqualified persons that]	
exceed the greater of \$5,000 or 1% of the				1		
amount on line 13 for the year		-			1	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>	L	L	<u> </u>	
Section B. Total Support		,	· · · · · · · · · · · · · · · · · · ·	1	·	<u>-</u>
Calendar year (or fiscal year beginning in) 🕨 🔃	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			-			
11 Net income from unrelated business		-				
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain		-				
or loss from the sale of capital						
assets (Explain in Part IV)						· · · · · · · · · · · · · · · · · · ·
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u></u>	<u> </u>	
14 First five years. If the Form 990 is for the	ne organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here		<u> </u>		<u>. </u>		▶□
Section C. Computation of Public	Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2012 (line		•	column (f))		15	%
16 Public support percentage from 2011 S					16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 2012			ne 13, column (f))		17	%
18 Investment income percentage from 20				•	18	%
19a 33 1/3% support tests - 2012. If the or	•	•	on line 14, and line	 e 15 is more than 1		
more than 33 1/3%, check this box and						5 .100
b 33 1/3% support tests - 2011. If the or	-	-	· · ·			. -
					•	ai iù
line 18 is not more than 33 1/3%, check		-			~	₹;;
20 Private foundation. If the organization	ии пот спеск а	DOX on line 14, 19	a, or 190, cneck ti			P
232023 12-04-12				Sch	redule A (Form 90)	1 ~ 000 - 571 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

	DES MOINES METRO OPERA FOUNDATION, INC		42-1376458
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Acc	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in the	used funds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	e conferring	
_	impermissible private benefit?		Yes No
Pa		Part IV, line	7
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education) Preservation of an h	nstoncally in	portant land area
	Protection of natural habitat Preservation of a ce	rtified histor	ic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	n of a conse	rvation easement on the last
	day of the tax year		
		nd	Held at the End of the Tax Year
а	Total number of conservation easements	28	1
b	,	<u>2t</u>	0
С	Number of conservation easements on a certified historic structure included in (a)	20	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure of the structure of		
_	listed in the National Register	. 20	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t	ne organizat	on during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling o		
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.	dunna tha u	Yes No
6 7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.		
8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17		5
	and section 170(h)(4)(B)(ii)?	U(11)(4)(D)(I)	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens	e etatomoni	
Ŭ	include, if applicable, the text of the footnote to the organization's financial statements that describe		
	conservation easements.	o trio organia	eation's accounting for
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and b	alance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in further		
	the text of the footnote to its financial statements that describes these items.	•	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	nt and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of p		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	. •	· \$
	(ii) Assets included in Form 990, Part X	•	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	ıal gaın, prov	ride
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	- ' '	
а	Revenues included in Form 990, Part VIII, line 1	. •	· \$
b	Assets included in Form 990, Part X	•	· \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{232051}_{\ 12\text{-}10\text{-}12}$

Schedule D (Form 990) 2012

_		NES METRO				1376458 Page 2
Pai	rt III Organizations Maintaining C					
3	Using the organization's acquisition, access	on, and other record	is, check any of the	following that are a	significant use o	f its collection items
	(check all that apply).					
а	Public exhibition	d		hange programs		
b	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organızatıon's ex	empt purpose in	Part XIII.
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be m					Yes No
Pai	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	o Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	is or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		<u></u>	
						Amount
c	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F					└ Yes
	If "Yes," explain the arrangement in Part XIII					
Par	rt V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	9,058,962.	9,773,268.	8,745,849.	8,789,5	09. 7,882,199.
b	Contributions	233,747.	190,847.	50,820.		2,000,000.
С	Net investment earnings, gains, and losses	395,892.	7,583.	1,677,192.	460,6	75723,075.
d	Grants or scholarships	564,804.	816,987.	647,778.	465,1	00. 343,000.
е	Other expenditures for facilities				1	
	and programs .					
f	Administrative expenses	52,629.	95,749.	52,815.	39,2	35. 26,615.
g	End of year balance	9,071,168.	9,058,962.	9,773,268.	8,745,8	49. 8,789,509.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as		
а	Board designated or quasi-endowment	90.20	_%			
b	Permanent endowment ►2.20	%				
С	Temporarily restricted endowment -	7.60 <u>%</u>				
	The percentages in lines 2a, 2b, and 2c shou	•				
За	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administered for	the organization	
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?	•		3b
4	Describe in Part XIII the intended uses of the					
Par	rt VI Land, Buildings, and Equipm	nent. See Form 990	·			
	Description of property	(a) Cost or o basis (investr		1	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))		0.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. Set	e Form 990, Part X, Iır			2-1376458 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other(A)			<u> </u>	
(B)				-
(C)	_			
(D)	-			
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Set			olyotran Cast as an	al af
	(b) Book value	(c) Method of V	aluation Cost or en	d-of-year market value
(1) (2)	 .			
(3)			<u> </u>	
(4)			·	17
(5)	· · · · ·	-		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				1 0.0
	Description		<u> </u>	(b) Book value
(3)				
(4)	<u>.</u>		····	
(5)				
(6)			- <u>-</u>	
(7)				
(8)				
(9)			<u>.</u>	
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, II			<u> </u>	
1. (a) Description of liability	1116 2.5	(b) Book value	••	
(1) Federal income taxes				
(2) CONTRIBUTION PAYABLE		95,238.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total (Column (h) must equal Form 990, Part V, col. (R) line	25)	05 220		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		95,238.	statements that	norte the ergenization?
liability for uncertain tax positions under FIN 48 (ASC 7				
The second secon	, chock note in the	Long of the roothold flas		nedule D (Form 990) 2012

12-10-12

Scho	edule D (Form 990) 2012 DES MOINES METRO OPERA FOUNDATION, INC	12_1:	376458 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p		770430 Page 4
1	Total revenue, gains, and other support per audited financial statements	1	488,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•
а	Net unrealized gains on investments 2a 469,9	94.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	469,994.
3	Subtract line 2e from line 1	3	18,790.
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		
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,790.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	584,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •	
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	584,760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	36,	
С	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	584,760.
Par	rt XIII Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, Ii	nes 1b and 2b,	Part V, line 4, Part
X, line	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional inf		
PAF	RT V, LINE 4: THE ENDOWMENT FUNDS ARE HELD TO PROVIDE I	NCOME TO	BE
USE	ED FOR THE SUPPORT OF THE DES MOINES OPERA, INC.		
ם גע כד	OM V IINE 2. AC DECLITOED DV MUE INCOME MAY MODIC OF MI	D D3CD	
PAR	RT X, LINE 2: AS REQUIRED BY THE INCOME TAX TOPIC OF TH	E FASB	
ACC	COUNTING STANDARDS CODIFICATION, MANAGEMENT HAS EVALUAT	ED THEIR	MATERIAL
ጥልኝ	K POSITIONS AND DETERMINED NO INCOME TAX EFFECTS WITH R		
127	TOUTHOUS AND DETERMINED NO INCOME TAX EFFECTS WITH R	EDFECT T	O INE
FIN	NANCIAL STATEMENTS.		

Schedule D (Form 990) 2012

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SCHE	(Form

Department of the Treasury Internal Revenue Service

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

OMB No 1545-004/	2012	•
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection ž

Employer identification number 42-1376458 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection DES MOINES METRO OPERA FOUNDATION, INC General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

SCI	ocedures for monif	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Governments and \$5,000, Part II can	d Organizations in the	• United States. Co	omplete if the orga led	anization answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES METRO OPERA, INC. 106 W. BOSTON AVE. INDIANOLA, IA 50125	23-7319903	501(C)(3)	517,424,	0	AWA		PRIMARY PURPOSE OF FOUNDATION
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations listed in the line 1 table	and government or slisted in the line	suoi	listed in the line 1 table				1

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

Schedule I (Form 990) (2012)

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DES MOINES METRO OPERA FOUNDATION, INC

Schedule I (Form 990) (2012)

Part III

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Nome of the organization

Name of the organization **Employer identification number** DES_MOINES METRO OPERA FOUNDATION, INC 42-1376458 FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS REVIEWED BY A COMMITTEE OF BOARD MEMBERS WITH APPROPRIATE KNOWLEDGE AND EXPERIENCE, WHO COMMUNICATES QUESTIONS TO THE PAID PREPARER, RESOLVES ANY QUESTIONS AND THEN REPORTS TO THE BOARD WITH THEIR RECOMMENDATION OF APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AT THEIR OFFICE. FORM 990, PAGE 12, PART XII, LINE 2C THE FOUNDATION'S BOARD OF TRUSTEES ASSUMES RESPONSIBILTY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012 Open to Public Inspection

DES MOINES METRO OPERA FOUNDATION, INC Name of the organization

Employer identification number 42-1376458

Direct controlling End-of-year assets e Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II Part

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.)

	(q)	(0)	(P)	(e)	(£)	(B)	
Priman	Primary activity	Legal domicile (state or	ge	Public charity	Direct controlling	Section 512(b)(13) controlled	512 rolle
		foreign country)	section	status (if section 501(c)(3))	entity	Yes No	·~
							1
OPERA	Ĭ	IOWA	501(C)(3)	6	N/A		×

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

Schedule R (Form 990) 2012

42-1376458

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Schedule R (Form 990) 2012 DES MOINES METRO OPERA FOUNDATION, INC

Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related, excluded frr sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing e partner? 5) Yes No	(j) (k) General or Percentage managing ownership Partner? Yes No
												:
Identification of Related Organizations Taxable as a Corporation or trust during the tax year (a) (a) Name, address, and EIN of related organization	anizations Taxable a poration or trust during the state of trust during the state of the state o	as a Corpo	on or Trust ((Complete if th (c) Legal domicile (state or foreign country)	(d) Direct controlling	answered "Y	(C corp., S corp.)	(f) Share of total income	IV, line 34	(g) Share of Fend-of-year assets	(h) Percentage	(i) Section 512(b)(13) controlled entity?
									-			Ves S
												
				28						Schedu	ile R (Forr	Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				>	Yes No	ا ر
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?	ns with one or more re	elated organizations listec	in Parts II-IV?		-	- 1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×	1
b Gift, grant, or capital contribution to related organization(s)				a	×	
c Gift, grant, or capital contribution from related organization(s)				1	×	ı
d Loans or loan guarantees to or for related organization(s)				19	×	ı
e Loans or loan quarantees by related organization(s)				4	×	ı
				2	1	1
f Dividends from related organization(s)				+	×	
a Sale of assets to related organization(s)					*	ı
				2 4	\$	1
				;	4 >	1
Local raigo of associa with Foliated organization (s)				= :	4 :	1
J. Lease of Jacinties, equipment, of other assets to related organization(s)				=	×	1
k Lease of facilities, equipment, or other assets from related organization(s)				¥	,	1
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ı
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	×	ı
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ	×	ı
o Sharing of paid employees with related organization(s)				\vdash	×	
						-
				P	×	- 1
 q Reimbursement paid by related organization(s) for expenses 				19	×	- 1
				- 1-3 - 1-3 - 1-3	3	-4 -2-4
 Other transfer of cash or property to related organization(s) 				+	×	1
s Other transfer of cash or property from related organization(s)				18	×	ı
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	who must complete the	iis line, including covered	relationships and transaction thresholds			ı
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	/olved		
(1) DES MOINES METRO OPERA, INC.	д	517,424.	424.CASH CONTRIBUTED			1
(2) DES MOINES METRO OPERA, INC.	z	•0				ı
(3)						1
(4)						1
ifs)						1
						1
(6)				į		- 1
232163 12-10-12	29		Schedule R (Form 990) 2012	Rorm 9	90) 2012	CI

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

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. See instructions regarding exclusion for certain investment partnerships

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Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	DES	MOINES	METRO	OPERA	FOUNDATION.	INC	42-1376458 Page 5
Part VII	Supplemental Infor	mation						
	Complete this part to pro			tion for room		astions on Cohodule D.		-4
	Complete this part to pro	viue addi	tional informa	non for respo	onses to que	estions on Schedule H	see instruc	cuons)
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