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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	For the	2015 cale	endar year, or tax year beginning	07/01	, 2015, a	nd endir	ng 06.	/30	, 20 16
В	Check if	applicable	C Name of organization ARTS PAR	TNERSHIP				D Employ	er identification number
	Address	change	Doing business as						26-2507419
	Name ci	hange	Number and street (or P O box if ma	ul is not delivered to st	treet address)	Room/su	ute	E Telepho	ne number
$\bar{\Box}$	Initial ref	-	345 Washington Street				1		651-282-3000
$\overline{\Box}$		m/terminated		trv. and ZIP or foreign	postal code				
H			1	-,,g			l l	G Gross re	eceipts \$ 9,477,650
	Amende		Saint Paul, MN, 55102	. Been Kennete					
Ш	Applicat	ion pending	1	, ,	n				subordinates? Yes No
			345 Washington Street, Saint Pa						s included? Yes No
<u></u>		mpt status	✓ 501(c)(3) □ 501(c) (	) ◀ (insert no )	4947(a)(1) or	527	<del> </del>		ee instructions)
J	Website		p://artspartnership.org/				H(c) Group	exemption	number <b>&gt;</b>
K	Form of	organization	Corporation Trust Associa	tion 🔲 Other ▶	L Yea	r of forma	tion 2007	M State	of legal domicile MN
P	art l	Summ	nary						
	1	Briefly de	escribe the organization's miss	on or most signif	cant activities:	The C	orporation is	organize	d and shall be
ę	j	operated	l exclusively for charitable and e	ducational purpose	es within the me	aning of	Section 501(	c)(3) of th	ne Internal Revenue
Activities & Governance	)		ed on Schedule O, Statement 2)						
Ę	2		nis box ▶ ☐ if the organization	discontinued its o	perations or dis	sposed	of more than	25% of	its net assets.
Š	3		of voting members of the gove					3	1
9	4		of independent voting member					4	0
Se			•	- '				5	<del> </del>
Ě	5		mber of individuals employed in	•		2a) .			0
Ę	6		mber of volunteers (estimate if					6	9
⋖	7a		related business revenue from I		•			7a	0
	b	Net unre	lated business taxable income	from Form 990=T	Jue 34 - 5	<del></del>	<u> </u>	7b	0
	ſ			1/2/	ンロマロ	1 1	Pnor Ye	ar 	Current Year
•	8	Contribu	tions and grants (Part VIII, line	1h) .		];;	6	,572,828	2,955,317
Revenue	9	Program	service revenue (Part VIII, line	2g) 🛱 - MAY	0 8 2017	181		248,108	50
Š	10	Investme	ent income (Part VIII, column (A		d) · · · · ·			430,801	-407,196
Œ	11		venue (Part VIII, column (A), line			1호[		0	0
	12		enue-add lines 8 through 11 (n			ne 12)	7	,251,737	2,548,171
	13		nd similar amounts paid (Part I					902,080	1,263,120
	14		paid to or for members (Part IX		002,000	<del></del>			
	1		•		0	<del> </del>			
Expenses	15		other compensation, employee t		<u>_</u>	<del></del>			
ë	16a		onal fundraising fees (Part IX, c				TE COMPANY SOCIEDAD SERVICIONES	84,375	
×	b		draising expenses (Part IX, col	• •		9,423		<del></del>	<b>光度的一种</b>
ш	17		penses (Part IX, column (A), lin				!	,482,008	77,325
	18	Total exp	penses. Add lines 13-17 (must	equal Part IX, coli	umn (A), line 25	) . [	2	,468,463	1,340,445
	19	Revenue	less expenses. Subtract line 1	8 from line 12 .	<u> </u>	<u> </u>		,783,274	1,207,726
5 6						Ĺ	Beginning of Cu	rrent Year	End of Year
Assets Raland	20	Total ass	sets (Part X, line 16)			[	30	,303,989	30,405,751
Z Z	21	Total liab	oilities (Part X, line 26)			[	2	,389,206	1,700,909
ž.	22		ets or fund balances. Subtract I	ine 21 from line 20	0	[	27	,914,783	28,704,842
_	art II		ture Block					<del></del>	<del></del>
			ury, I declare that I have examined this i	etum including accor	nnanving schedules	and state	ements, and to t	ne best of	my knowledge, and belief, it is
tru	ie, correc	t, and comp	plete Declaration of preparer (other than	officer) is based on all	I information of which	ch prepare	er has any knowl	edge	my momodgo and comor, it is
_		T	100/11/20					5/2/1	<del></del> _
Sig	~n	Sugar	nature of officer				Da	10 1 1	L
	ere	1					-	.0	
116	:1 <b>C</b>		e or print name and title						<del></del>
			<del></del>	10			ate		PTIN
Pa	aid	Printry	ype preparer's name	Preparer's signature			ate	Check	
	epare	er		L				self-em	ployed
	se On		name 🕨	<del></del>			Firm	i's EIN 🕨	<del></del>
		Firm's i	address ►	hone no					
Ma	y the I	RS discus	s this return with the preparer	shown above? (se	e instructions)	<u> </u>	· · · · · ·	<u> </u>	. Yes 🗌 No
Fo	r Paper	work Redu	action Act Notice, see the separa	te instructions.		Cat I	No 11282Y	_	37-Form 990 (2015)
								9	

Form 99	(2015) Pag	је <b>2</b>
Part I	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>LJ</u>
1 ,	Briefly describe the organization's mission: The Arts Partnership advocates, fundraises and supports the primary users of Ordway Center for the Performing Arts facility,	
	currently, Ordway Center for the Performing Arts; The Saint Paul Chamber Orchestra Society; The Minnesota Opera; and The	
	Schubert Club, to find creative and economically viable opportunities for the groups' collective service to the community.	
	Solidadir Gray to find disease and economically vidad opportunities for the groups solidate soliton to the community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	f "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?	0
	f "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	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	∍rs,
	the total expenses, and revenue, if any, for each program service reported.	
4-	Code: \/Cureacea C	
4a	Code: ) (Expenses \$ 1,238,870 including grants of \$ 1,238,870 ) (Revenue \$ 0)	
	One of the primary purposes/programs for the Arts Partnership is to raise funds to support the primary users of Ordway Center for the Performing Art's facility. The Arts Partnership raises funds that will be granted to the primary users of Ordway's facility to help	
	support their use of Ordway facilities as well as cover expenses incurred by the Arts Partnership in support of the primary users	
	efforts to find creative and economically viable opportunities for the groups' collective service to the community.	
	crioits to find streams and scoriofficially viable apportunities for the groups concease service to the community.	
	<del></del>	
4b	Code: ) (Expenses \$ 24,250 including grants of \$ 24,250) (Revenue \$ 0)	
	The Arts Partnership also subsidizes the use of certain community rental groups, use of the Concert Hall at Ordway Center facility.	
	The subsidiaries provide access to local groups at an affordable rate.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		•
4d	Other program services (Describe in Schedule O.)	•
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )	
	Total program service expenses ► 1,263,120	

	0 (2015)			Page 3
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	1	ł
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<b>-</b>
	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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	!	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
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		1
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	_ ✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		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
c	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		1
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f		11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	<u> </u>	1
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 or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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	-	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1
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		<del>  -</del>	1
	ii isa, sampias samada a, ar iii	19	<u></u>	<u> </u>

Form 99	0 (2015)		F	age 4
Part	V . Checklist of Required Schedules (continued)			
20 -	Did the examination operate one or more beginted facilities? If "Veg." complete Schodule U	00-	Yes	No
zua b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<b>✓</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	•	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
20	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 25a	24a		✓
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>✓</b>
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>→</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<b>√</b>
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):		14 B 14 1	(1)
	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	29		1
24	conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
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, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	✓_
b 36	If "Yes" to line 35a, 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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		For	m <b>99</b> 0	(2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	·		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ľ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<b> </b>
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	<b></b> _
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			$\vdash$
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<del></del>
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لبيا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
		4a		<b>-</b>
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>E</b> -	·			<del></del> -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del>                                     </del>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		<del>                                     </del>
~	aifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		<u> </u>
ň	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1
11	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.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	the second of th	14b		$\dot{\Box}$
			990	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Coati	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>	<u>. [V]</u>
Secu	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body?	8a	<b>/</b>	
9 9	Each committee with authority to act on behalf of the governing body?	8b	<b>-</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ĺ	✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	o <i>de.)</i> Yes	No
100	Did the examination have lead chapters branches or offiliates?	10a	Tes	₩ V
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	✓	-
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," 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	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MN  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  On the form of the for	n 501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:▶	
	Arts Partnership. (651)282-3000			

Earm	aan	(2015)	

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Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees, I	Highest Compensated	Employees, and
	Independent Contractors				

Check if Schedule O contains a response or note to any line 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
			((	<b>)</b>						
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	욕중	J <sub>I</sub>	8	ě	a'£	27	from the	related organizations	other compensation
	related	d M	ŧ	Officer	Key employee	Ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당표	ž	}	함	8 8	]	(W-2/1099-MISC)	}	organization and related
	line)	Individual trustee or director	5	}	yee	履	1	1	]	organizations
	}	8	Institutional trustee			Highest compensated employee		1	1	
	ļ		0			<u> 8</u>	_			
Parmy Kompton	2					ĺ			{	
Barry Kempton President	40	1	1	1	ļ	,	{	0	152,308	28,577
Patricia Mitchell	<del></del>	<del></del>		·			╁	<del>                                     </del>	132,300	20,317
Treasurer (Thru March 13, 2016)	50	1	1	1	1	}	{	0	254,173	15,011
Jamie Grant	2	<u> </u>	-	\ <u> </u>			├-	<del> </del>	234,173	13,011
Director (As of March 14, 2016)	50	1	1		}	}	1	0	o	0
Jon Limbacher	2	<u>*</u>	-	-			╁╌	<del> </del>	ļ	
Treasurer (As of Jan 2016)	40	1	1	1	}	}		O	21,260	0
	2	- <u>`</u> -		Ť		}	-	<del> </del>	21,200	
Ryan Taylor Secretary (As of May 2016)	40	1		1	1	1	1	O	0	0
Nina Archabal	1	<del>  `</del>		Ť			├-	† <u>-</u>		<del></del>
Director (Thru April 2016)	40	1			}		ł	o	157,000	28,000
Laura McCarten	0.5	<del>                                     </del>	-	-	-		<del>                                     </del>	<del> </del>	137,000	20,000
Director	2	1	l		ł			) 0	0	0
Robert Cattanach	0.5	<del>                                     </del>	-	-			1-	·	1	<u>~</u>
Director	2	1	1	1	1		1	0	) 0	0
Kim Severson	0.5	<del>  -</del> -	-	-	┢╾	<del></del>	-	<del> </del>		<del>_</del>
Director	1	1		1		j	1		o	0
Dobson West	0.5	<del>                                     </del>	-	1	├	-	1	<del> </del>	ļ	<u>_</u>
Director	1	1				1	1		0	o
James Johnson	0.5	<u> </u>					_	† <u>-</u>	<u>-</u>	<del></del>
Director	1	1	1			1		0	0	o
Bruce Coppock	2		1		_	-	1			<del></del>
Treasurer (Thru Dec 2015)	40	1	1	1	1	(	1	0	270,297	15,706
	1	<u> </u>	Γ				1	1		<del> </del>
		ļ		_	ļ		↓_			 <del> </del>
	<del>-</del>	}								
	1	<u> </u>							<u> </u>	L

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, aı	nd F	lighe	st C	ompensated E	mployees (	continue	ed)		
						C)						-		
					ition	- Al		(D)	(E)	]	(	F)		
	Name and title	Average					than ( is both		Reportable	Reportab	le		nated	
	hours per					or/trus		compensation	compensation			unt of		
		week (list any hours for	익물	2	Q	چ	gŢ	75	from the	related organization		compe	her Insetio	n
		related	<b>8</b> ₹	i i	Officer	٧ 9	흥물	Former	organization	(W-2/1099-N			n the	.,
		organizations	ctal	g	-	Key employee	ye c	"	(W-2/1099-MISC)	4			ızatıon	
		below dotted	7 ह	al t	1	\ ¥	ğ		Ĺ	{	i		elated zations	
			Individual trustee or director	Institutional trustee	1	۳	l eg		ļ	}	1			
		<b>,</b>	]	8			Highest compensated employee		ļ	,	)			
		<del> </del>		├	-	-	<del> </del>	<del> </del> —	<del> </del>					
		<del> </del>	}		1	}			1	•	Ì			
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		<del> </del>	{		}	}	}	}	j	[	(			
46	Sub-total	L		L	L	<u> </u>	Ь	<u> </u>	0	05	5 029			7,294
				•	•	• •	•		ļ <del>-</del>	- 65	5,038			1,254
C	Total from continuation sheets to Part	-		•	•		•		ļ	05	- 020			7.004
<del>d</del> _	Total (add lines 1b and 1c)							-	0	<del>'</del>	5,038	<del></del> -	8	7,294
2	Total number of individuals (including but			iose	e list	ted	abov	e) w	tho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	ization > 0												
_													Yes	No
3	Did the organization list any former of							emp	ployee, or high	iest compe	ensated	<b> </b>		
	employee on line 1a? If "Yes," complete							•			• •	3		<b>✓</b>
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation fr	om the	1		
	organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s,"	complete Sch	nedule J fo	r such			
	individual			٠				•				4	✓	
5	Did any person listed on line 1a receive of									zation or inc	dividual	11		 
	for services rendered to the organization	? If "Yes," o	compi	ete	Sch	nedu	ıle J	for s	such person	<u></u>		5		<b>\</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	ract	ors that receive	ed more tha	ın \$100,	,000 of		
	compensation from the organization. Rep												n's ta	ЭX
	year.													
	(A)	<del></del>						T	(B)			(C)		
	Name and business add	fress						1	Description of s	ervices	_ c	Compensi	ation	
None								$\top$	<del></del>					
	<del></del>					_			<del></del>					
								$\top$						
	<del></del>							$\top$						
2	Total number of independent contractor	ors (includi	ng bu	ıt n	ot	limit	ed to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	<b>_</b>		0					

Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule O	contains	a res	oonse or note to				<u> </u>					
<u> </u> 	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ts s	1a	Federated campaigns	· · ·	1a	0									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0									
S, G	С	Fundraising events .		1c	0		ĺ	ĺ						
lar la	d	Related organizations		1d	0		1		{					
JS, (	е	Government grants (con		1e	0	ĺ								
rtio er S	f	All other contributions, gr							İ					
를 본		and similar amounts not inc		1f	2,955,317									
ont nd (	g	Noncash contributions includ			0		j	į	}					
	h	Total. Add lines 1a-1	<u> </u>	· ·	Business Code	2,955,317			<del></del>					
Program Service Revenue	20	Defined of anima constraint			<del></del>			0						
Seve	2a b	Refund of prior year p			711190	50	50	U	0					
e	C				<del></del>									
ervi	d						• •							
ΕS	e													
gra	f	All other program sen	rice revenu	ie.		0	0	0	0					
P.	g	Total. Add lines 2a-2	f		▶	50								
	3	Investment income	(including	divide	ends, interest,									
		and other similar amo	•		▶	495,512	0	0	495,512					
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ►	0	0	0	0					
	5	Royalties	(ı) Real	· · · ,		0	0	0						
	•		(i) Real		(II) Personal		ł	į	{					
	6a	Gross rents				į	ì	İ	İ					
	b	Less: rental expenses Rental income or (loss)			0	İ								
	C d	Net rental income or (	loss)											
	7a	Gross amount from sales of	(ı) Securit		(II) Other									
		assets other than inventory	6.02	6,771	0	1	,							
	ь	Less. cost or other basis												
		and sales expenses .	6,92	9,479	o		i							
	С	Gain or (loss)	-90	2,708	0									
	d	Net gain or (loss) .			· · · · <b>&gt;</b> ]	-902,708	0	0	-902,708					
ø					,									
evenue	8a	Gross income from fu events (not including \$	_	_	,									
				<u>0</u>	1									
Œ		of contributions reported See Part IV, line 18			1									
Other R	ь	Less: direct expenses		_	<del></del>									
0		Net income or (loss) fi			L									
		Gross income from ga												
		See Part IV, line 19 .		. а	<u> </u>									
		Less: direct expenses												
		Net income or (loss) f	•	-	vities 🕨									
	10a	Gross sales of in			1									
	١.	returns and allowance				•	• •	, w *	, - 8					
		Less: cost of goods s Net income or (loss) for			L									
	c_	Miscellaneous R		J, 111V	Business Code				<del></del> -					
	11a													
	Ь													
	c													
	d	All other revenue .												
	e	Total. Add lines 11a-				0			L					
	12	Total revenue. See II	nstructions	<u></u>	<u> ▶</u>	2,548,171	50	0						
									Form <b>990</b> (2015)					

	0 (2015)				Page <b>10</b>
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
<u> </u>	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,263,120	1,263,120		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	0	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9	Other employee benefits	0	0	- <del></del>	<del>-</del>
10	Payroll taxes	0	0		
11	Fees for services (non-employees):				
а	Management	0	0		
b	Legal	1,837	0	1,837	
C	Accounting	15,500	0	15,500	
d	Lobbying	0	0		<del></del>
e 4	Professional fundraising services. See Part IV, line 17	40.454		40.454	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	48,151		48,151	
9	(A) amount, list line 11g expenses on Schedule O.)	6,450	o		6,450
12	Advertising and promotion	0,430	0		
13	Office expenses	4,441	0	1,468	2,973
14	Information technology	0	0	<u> </u>	
15	Royalties	0	0	<u> </u>	
16	Occupancy	0	0		
17	Travel	0			<u> </u>
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	946	0	946	
20 21	Interest	0	0		
22	Depreciation, depletion, and amortization	0	0	<del></del>	
23	Insurance	0			
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 O.)				
a b c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,340,445	1,263,120	67,902	9,423
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 following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,439,885 1 1 960,623 Savings and temporary cash investments . . . . . . . . . 2 2 1,809,058 881,158 3 5.006.413 3.260.163 391,045 4 16,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . 6 0 0 Assets 6,399,800 7 7 6,399,800 8 8 0 0 9 Prepaid expenses and deferred charges . . . . o 0 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 0 10c Less: accumulated depreciation . . . . b Investments—publicly traded securities . . . . . 18,888,007 11,257,788 11 11 0 12 Investments-other securities. See Part IV, line 11 . 12 0 0 13 13 Investments—program-related. See Part IV, line 11. 0 14 0 14 0 Other assets. See Part IV, line 11 . . . . . . . . . . 15 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 30.303.989 16 30,405,751 17 11,513 17 289 18 18 0 0 0 19 19 0 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . o 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . nί 23 0 Unsecured notes and loans payable to unrelated third parties . . . 2,190,000 24 240,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 187,693 1,460,620 25 2,389,206 26 Total liabilities. Add lines 17 through 25 26 1,700,909 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 3,661,613 27 7,079,729 28 11,433,201 28 8,581,962 12,819,969 29 29 13,043,151 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 27,914,783 28,704,842 30,303,989 34 34 Total liabilities and net assets/fund balances . . . . 30,405,751 Form 990 (2015)

Page 1	2
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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			V
_ <sub>1</sub> _ ,	Total revenue (must equal Part VIII, column (A), line 12)	1		2,54	8,171
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,34	0,445
3	Revenue less expenses. Subtract line 2 from line 1	3		1,20	7,726
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,91	4,783
5	Net unrealized gains (losses) on investments	5		15	3,560
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-57	1,227
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		28,70	4,842
<u>Part</u>	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·		لللم
			Γ	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-lain i	-		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piairi ii	'		
_			2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-				<del></del> -
	reviewed on a separate basis, consolidated basis, or both:	piled 0	'∤		}
	•		ł		{ }
	Separate basis Consolidated basis Both consolidated and separate basis		2b	1	<b> </b>
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on a		<del>  ▼</del>	
	separate basis, consolidated basis, or both:	JU ()11 (	*	1	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	1	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiah	t	1	'
C	of the audit, review, or compilation of its financial statements and selection of an independent according	intant?	2c	1	}
	If the organization changed either its oversight process or selection process during the tax year, ex			<u> </u>	
	Schedule O.	•	1		1 1
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
Ju	the Single Audit Act and OMB Circular A-133?		.   3a	1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	e –	1	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udīts.	3b	1	
			For	m <b>99</b> 0	(2015)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

## **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.

Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

**ARTS PARTNERSHIP** 26-2507419 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☑ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. [7] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . 4 Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1~9 support (see other support (see instructions) instructions) above (see instructions)) Yes No Ordway Center for the Performing (A) Arts 624,935 41-1428998 0 The Minnesota Opera (B) 41-0946789 378,135 0 The Saint Paul Chamber Orchestra 41-0829498 214,818 0 The Schubert Club 41-0945277 20,982 0 (E)

1.238.870

	(Complete only if you checked the Part III. If the organization fails to							
Section	on A. Public Support							_
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							_
2	Tax revenues levied for the organization'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 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	on B. Total Support		,		, <del></del>		<del></del>	_
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ļ	] 		
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 VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc					12	==	_
13	First five years. If the Form 990 is for the							_
	organization, check this box and stop he			<u></u>	<del></del>	<del>-: -: -</del>	<u> •  </u>	Ц
	on C. Computation of Public Suppor					T 4 4 1	<del></del>	_
14	Public support percentage for 2015 (line					14		<u>%</u>
15	Public support percentage from 2014 Sct 331/3% support test—2015. If the organization	nedule A, Part zation did not	II, IINE 14 .	on line 13 an	 d line 14 ie 33'	20% or more		<u>%</u>
16a	box and <b>stop here.</b> The organization qua							
b	331/3% support test—2014. If the organ check this box and stop here. The organ	nization did ne	ot check a bo	x on line 13 o	r 16a, and line		3% or more,	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization	015. If the orgets the "facts-facts-and-circ	anization did n -and-circumsta umstances" te	ot check a box inces" test, ch st. The organiz	on line 13, 16 eck this box a ation qualifies	nd <b>stop he</b> r as a public	and line 14 is re. Explain in ly supported	_
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m	<b>014.</b> If the org tion meets the neets the "fact	anization did n e "facts-and-c is-and-circums	ot check a box ircumstances" stances" test. 1	k on line 13, 16 test, check ti The organizatio	Sa, 16b, or nis box and on qualifies	17a, and line distop here. as a publicly	
18	supported organization							
	instructions				,		>	Г

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

# 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 o	organization failed to qualify under Part I	1.
If the organization fails to qualify under the tests listed below, plea	ease complete Part II.)	

	If the organization fails to qualify	under the te	STS listed Del	ow, piease co	implete Part	11.)	
	on A. Public Support		<del></del>	·	<del>,</del>		
	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")		L				
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				<del></del>		
	unrelated trade or business under section 513			-			
4	Tax revenues levied for the			<del> </del>		<del></del>	
•	organization's benefit and either paid			ļ			
	to or expended on its behalf			{			
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
_							
6	Total. Add lines 1 through 5	<del></del>		ļ			
7a	Amounts included on lines 1, 2, and 3			,		ì	
	received from disqualified persons .	<del></del>					
b	Amounts included on lines 2 and 3			}			
	received from other than disqualified					i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u></u> :	<u>                                      </u>				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						<del></del>
	line 6.)					1	
Secti	on B. Total Support		<del></del>	·~~~~~~~		L	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		(47 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -				(7,15,1
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less			<del></del>	<del></del>	<del></del>	<u> </u>
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_					<del></del>		
_				<u> </u>		<del></del>	<del></del>
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		ļ				
	(Explain in Part VI.)			·			
13	Total support. (Add lines 9, 10c, 11,		}	,		]	
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	е					<u> ▶ □</u>
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch			<del></del>	<del></del>	16	%
Secti	on D. Computation of Investment Inc			<del></del>	<del></del>		
17	Investment income percentage for 2015 (I	ine 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests-2015. If the organi	zation did not	check the box	on line 14, ai	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box a	and stop here.	. The organization	on qualifies as a	a publicly supp	orted organizati	on , ▶ 🗍
b	331/3% support tests - 2014. If the organization	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instru	_

## Part IV - Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations				
4			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>                                     </del>	<b>-</b>	<del></del>	
~	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported				
	organization was described in section 509(a)(1) or (2).	2		1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
	(b) and (c) below.	3a		1	
b	=				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination.	3b		ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		<b> </b> -	
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	30			
70	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1	
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			-	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
despite	despite being controlled or supervised by or in connection with its supported organizations.	4b			
С	bid the organization support any horoign supported organization that does not have an interest militarion.			j	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	}		ł	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		<del> </del> -	
Vu.	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	ł		{	
		[		1	
	was accomplished (such as by amendment to the organizing document).	5a		1	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			<u> </u>	
	designated in the organization's organizing document?	5b		<b> </b> -	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<del> </del>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	}		İ	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	l	!	1	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		<u> </u>	<u> </u>	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			ļ.,	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<b></b>	\ <u> </u>	
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			l	
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	<u> </u>	1	
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			<del>                                     </del>	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	1	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	[	]	1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		1	
<b>L</b>	Did the erganization have any excess business holdings in the tax year? // lee Schedule C. Form 4720, to	100	<del> </del>	+*	

determine whether the organization had excess business holdings.)

D	
rage	•

Part	V Supporting Organizations (continued)			
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<b>√</b>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\vdash$	162	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	( )		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
80		2		
Sect	ion C. Type II Supporting Organizations	<del></del> ,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<del></del>	168	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed			}
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	i l		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	··•		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	-		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	į !		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
ь		2a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	!!		
	reasons for the organization's position that its supported organization(s) would have engaged in these	( )		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ļ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		أحسما	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard.	3b		LJ

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4		1	
5 Depreciation and depletion	5		<u> </u>	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del></del>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c		<u> </u>	
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2		+	
3 Subtract line 2 from line 1d	3		<del></del>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		7	
6 Multiply line 5 by .035	6		1	
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	<u> </u>	
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın	tegrated Type III supporting	ng organization (see	

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions			Current Year		
1.	. Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity			 		
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	 		
_4_	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.	<del> </del>		_ <del></del>		
<u> </u>	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	<del>,</del>				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
_1_	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015	}				
	(reasonable cause required-see instructions)		<del> </del>			
_3	Excess distributions carryover, if any, to 2015:			<del></del>		
<u>a</u>						
<u>b</u>						
<u>c</u>	5 0010					
<u>d</u> _	From 2013	<u>    </u>		<del></del>		
<u>e</u>	From 2014	<del> </del>				
_ <u>f</u> _	Applied to underdistributions of prior years	<del> </del>				
g h	Applied to underdistributions of prior years  Applied to 2015 distributable amount					
;;	Carryover from 2010 not applied (see instructions)	<del> </del>		<del></del>		
<del>;</del> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del> </del>	<del> </del>			
	Distributions for 2015 from Section	<del> </del>		<del></del>		
4	D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount		<del></del>	<del> </del>		
c	Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
•	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h		<del> </del>			
_	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015	St. Charles to the	e present to enume .	y faces themen, how in		

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<del></del>
	•••••••••••••••••••••••••••••••••••••••
*	
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	······································
<del>-</del>	

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	f the organization	j	Employer identification number
	PARTNERSHIP	<del></del>	26-2507419
Par	Organizations Maintaining Donor Ad		
	Complete if the organization answered	<del>,</del>	<del>,</del>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	L	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		1
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		<del></del>
_	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
يبيو	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Freservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribute	on in the form of a conservation
2	easement on the last day of the tax year.	eld a qualified conservation contribution	Held at the End of the Tax Year
_	· · · · · · · · · · · · · · · · · · ·		- <u>-</u>
a			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	· ·	
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	L I
_	•		L==_L
3	Number of conservation easements modified, tran	isterred, released, extinguished, or terr	ninated by the organization during the
	tax year ►	en estion accomment to logated	
4	Number of states where property subject to conse		marking bandling of
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
_			— · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
_	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
_	\$	0(1) (	
8	Does each conservation easement reported on line		
	* * * * * * * * * * * * * * * * * * * *		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Part	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under s		
	works of art, historical treasures, or other simila	· · · · · · · · · · · · · · · · · · ·	aucation, or research in turtherance of
	public service, provide the following amounts rela	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		
	following amounts required to be reported under s		
a	Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • •
h	Assets included in Form 990, Part Y		<b>-</b> •

) Pari	III Organizations Maintaining	Collections of A	Art. Historical T	reasures, or O	ther Similar Ass	ets (continued)
3 .	Using the organization's acquisition, collection items (check all that apply):	accession, and oth				
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Other			
C	☐ Preservation for future generations					
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how ti	hey further the org	ganızatıon's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					☐ Yes ☐ No
Part	Escrow and Custodial Arra Complete if the organization	ingements.	<del></del>	<del></del>		
1a	990, Part X, line 21.  Is the organization an agent, trustee, included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
			3		Am	ount
С	Beginning balance			10	;	
d	Additions during the year				<del></del>	
e	Distributions during the year				,	
f	Ending balance				·	
2a	Did the organization include an amour				I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
	t V Endowment Funds.				<del></del>	<del></del>
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,272,835	8,998,525	2,072,316	935,098	450,025
b	Contributions	8,295,908	2,732,440	6,692,426	1,137,218	485,000
С	Net investment earnings, gains, and losses	-321,686	-240,179	234,340	146	73
d	Grants or scholarships	0	0	0	0	0
е	Other expenditures for facilities and					<u>_</u>
	programs	310,900	170,900	0	0	0
f	Administrative expenses	48,150	47,051	557	146	0
g	End of year balance	18,888,007	11,272,835	8,998,525	2,072,316	935,098
2	Provide the estimated percentage of t		d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶ <u>37</u>	_%			
b		63 %				
C	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and ac	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or					3b
_4_	Describe in Part XIII the intended uses		n's endowment fu	unds.		
Part						
	Complete if the organization	answered "Yes"			See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth (investme		, , ,	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, column	(B), line 10c.) .	▶	

Part VII	Investments—Other Securities.				6 =	
	Complete if the organization answ	vered "Yes" on For				
•	(a) Description of security or category (including name of security)		(b	) Book value		lethod of valuation nd-of-year market value
(1) Financial			<u> </u>			<del></del>
	eld equity interests		ļ			
(3) Other			L			
(A)						
(B)						
(C)						
(D)			<b> </b> -		<del> </del>	<del></del>
(E) (F)			<u> </u>		<u> </u>	
(F) (G)						
(G) (H)			<u> </u>			
	S must agual Form 000, Part V and /P) line 121		<del> </del>	<del></del>		<del></del>
Part VIII	) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related	1	l		<del></del>	<del></del>
Fait VIII	Complete if the organization answ		m aai	O Part IV line	a 11c See For	m 990 Part Y line 13
	(a) Description of investment	vered res on ro		Book value		fethod of valuation
	(a) Description of investment		(5)	DOOK VAIDE		nd-of-year market value
(1)		<del></del>				
(2)						
(3)						
(4)				<del></del>		<del></del>
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b	) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.					
	Complete if the organization answ	vered "Yes" on For	m 99	0, Part IV, lin	e 11d. See For	
	(a	) Description				(b) Book value
(1)					<u> </u>	
(2)						
(3)						<del></del>
(4)		<del></del>				<del></del>
(5)						
(6)						<del></del>
(7)		<del></del>				<del></del>
(8)				<del></del>		<del></del>
(9)	nn (b) must equal Form 990, Part X, co	ol (R) line 15 )				
Part X	Other Liabilities.	). (b) iiile 13.)	<del>· · ·</del>	<del>· · · · ·</del>	· · · · · · ·	<del></del>
FaitA	Complete if the organization answ	wared "Ves" on Fo	rm QQI	∩ Part IV lin	a 11a or 11f S	ee Form 990 Part X
	line 25.	vered tes offici	111 55	o, r arriv, mr	6 1 16 67 111. 6	co i omi oso, i art x,
1.	(a) Description of liability	(b) Book value				
(1) Federal in		(1, 111, 111)	0			
	- The Schubert Club		20,982			
	- The Saint Paul Chamber Orchestra		14,818	u , 1941 t	والمرازعة والمالية والمالية	ann a 1 13 130 Mhaireadh a bhainn a said 1986 1986 1
	- The Minnesota Opera		78,135			•
	- Ordway Center for the Performing Arts		24,935			
	dway Center for the Performing Arts		7,500			
	es-Ordway Center for the Performing Art		24,250			
	- Ordway Center for the Performing Arts	19	90,000			
(9)						
	o) must equal Form 990, Part X, col. (B) line 25.)		60,620	<u> </u>		<u></u>
	uncertain tax positions. In Part XIII, provi					
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck her	e if the text of t	ne footnote has b	een provided in Part XIII

Schedule	e D (Form 990) 2015	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1 .	Total revenue, gains, and other support per audited financial statements	1 2,701,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	}
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 153,558
3	Subtract line 2e from line 1	3 2,548,171
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 XIII.)	
	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 2,548,171
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.
1	Total expenses and losses per audited financial statements	1 1,292,294
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · · · · · · · · · · · · · · · · · ·
	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e 0
	Subtract line <b>2e</b> from line <b>1</b>	3 1,292,294
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 4a 48,151	
	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c 48,151
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,340,445
2; Part Sched	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info ule D, Part V, Line 4 - The endowment is to provide rental subsidy to the four supported organizations of the	ormation. e Arts Partnership for the
	the Ordway facility which include: The Saint Paul Chamber Orchestra, The Minnesota Opera, The Schubert Performing Arts.	

# SCHEDULE I

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

2015	Out of the line
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OMB No 1545-0047

(200 1110 1				dovernments, and manuals in the		חווכם סומוכם		
		ပ	omplete if the orga	nization answered "	'Yes" on Form 990,	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	_:	
Department of the Treasury Internal Revenue Service		► Infor	► Information about Sche	► Attach to Form 990. dule I (Form 990) and its instru	ı Form 990. nd its instructions i	▶ Attach to Form 990. about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	т990.	Open to Public Inspection
Name of the organization							Employ	Employer identification number
<b>ARTS PARTNERSHIP</b>								26-2507419
Part   General	Information	General Information on Grants and Assistance	Assistance					
1 Does the orgar the selection or	rization mainta	Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	te the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and stance?	e, and
2 Describe in Par	rt IV the organi	Describe in Part IV the organization's procedures for	res for monitoring	monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants a	and Other As	sistance to Do	mestic Organiz	ations and Don	nestic Governm	ents. Complete il	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ered "Yes" on Form
990, Par	T (V, line 21, T	or any recipient	that received m	ore than \$5,000.	Fart II can be d	uplicated if additi	990, Part IV, line 21, for any recipient that received more than \$5,000. Part if can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government	of organization ent	(b) 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
(1) Sch (, Stmt 1								
[2]								
(3)	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(4)								
(5)								
(9)								
ω								
(8)								
(6)								
(10)								
(11)								
(12)								
ļ	nber of section	501(c)(3) and go	vernment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ine 1 table			*
3 Enter total num	ber of other or	rganizations lister	Enter total number of other organizations listed in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice, :	see the Instructior	ns for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2015)

Schedule I (Fo	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	n <b>estic Individua</b> space is needed	als. Complete if the	e organization answ	<b>c Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. e is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
~						
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4						
တ						
ဖ						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ne information re	equired in Part I, lir	ne 2, Part III, columi	(b), and any other addit	ional information.
Schedule I and Ordwa based on the	Schedule I, Part I, Line 2. The Arts Partnership mission is to raise funds and provide operating support to The Saint Paul Chamber Orchestra. The Minnesota Opera, The Schubert Club and Ordway Center for the Performing Arts for these organizations use of the Ordway facility which was \$1.238.870 in this tax year included on this Form 990. Additionally, the Arts Partnership receives fund to provide rent	to raise funds and mizations use of the	f provide operating sue Ordway facility. The this tax year included	ipport to The Saint Pau annual support is dep I on this Form 990. Add	Il Chamber Orchestra, The Mi endent upon funds available attionally, the Arts Partnershi	nnesota Opera, The Schubert Club and is distributed to each organization preceives fund to provide rent
subsidy to	subsidy to community organizations for their use of Ordway Center for the Performing Arts Concert Hall. Grants are award based on applicant meeting granting donors criteria as long as funds are available. The Arts Partnership grants these funds to the Ordway to apply to the rent for the community organizations. Ordway Center is listed as the grantee on this Form 990	ray Center for the Pids to the Ordway t	Performing Arts Conco	ert Hall. Grants are awa the community organ	rd based on applicant meetir izations. Ordway Center is lis	g granting donors criteria as long as ted as the grantee on this Form 990
S MINIS	אוונרו אמז אלאניסט זוו נוס נפע אנים שוח ווכיתכסים סו נוס ססים					
						Schedule ! (Form 990) (2015)

## **SCHEDULE J** (Form 996)

Compensation Information

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

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Name of the organization ARTS PARTNERSHIP

Department of the Treasury Internal Revenue Service

Employer identification number

26-2507419

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	·		l
	☐ Travel for companions ☐ Payments for business use of personal residence		[	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	,	}	1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	<u> </u>	ł	]
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			ļ
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			-
	explain	1b	1	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract		{	
	☐ Independent compensation consultant ☐ Compensation survey or study			)
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		ļ	]
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		1	•	1
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		1
	Any related organization?	5b		1
-	If "Yes" to line 5a or 5b, describe in Part III.			<del>                                     </del>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		1
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	}	1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	ł	1	
	in Part III	8	<u></u>	1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Note: The sum of columns (B)(I)—(III) for each listed individual mus	or eac	h listed individual mu	st equal the total amou	ount of Form 990, Pa	t VII, Section A, line	a, applicable columi	(D) and (E) amounts	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Northwest (F) Total of columns (F) Compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(C) Nontexepha	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
Patricia Mitchell, Treasurer (Thru	8	0		0	0	0	0	0
1 March 13, 2016)	(ii)	254,173	0	0	0	10,269	264,442	0
Nina Archabal, Director (Thru	8	0	0	0	0	0	0	0
2 April 2016)	3	157,000		0	0	28,576	185,576	0
Barry Kempton, President	8	0	0	0	0	0	0	0
3	(ii)	152,308		0	0	12,763	165,071	0
Bruce Coppock, Treasurer (Thru	(1)	0	0	0	0	0	0	0
4 Dec 2015)	(ii)	269,847		0	0	14,850	284,697	0
	8							
5	<b>E</b>							
	(6)							
9	<b>E</b>							9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(9)							
1	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1	
	(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8	<u>(ii)</u>							
	8				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6	<u>E</u>							
	ω							
10	<b>E</b>							
	8							
11	(E)							
	(1)							
12	<u>(ii)</u>							
	€							
13	3							
	6							
14	(ii)							
	(3)							
15	<b>E</b>							
	<b>E</b>						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
16								

Schedule J (Form 990) 2015

Part III Supplemental Information Drawing the information explanation or descriptions ramified for Part I lines 1a 1h 3 4a 4h 4c 5a 5h 6a 6h 7 and 8 and for Dart II Also complete this par
for any additional information.
Schedule J (Form 990) 201

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
ARTS PARTNERSHIP	26-2507419
Form 990, Part VI, Section B, Line 11b - A copy of the Form 990 is reviewed by outside tax 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 ele	ctronic vote prior to the required filing
date. All questions or comments received from outside counsel and Board members are addressed pr	
Form 990, Part VI, Section B, Line 12c - The Arts Partnership Board of Directors reviews the conflict of	interest statements on an annual
basis.	
Form 990, Part VI, Section B, Line 15 - The Arts Partnership has no paid employees. The Arts Partners	
any payments for services to outside organizations that fulfill employee type responsibilities as well a	
the related organizations. The related organizations are, Ordway Center for the Performing Arts, The S	chubert 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	raquet
Form 550, Part VI, Section C, Line 15 - The Arts Partier Ship will make these documents available upon	request.
Form 990, Part XI, Line 9 - As a part of providing financial support to its supporting organizations, the	Arts Partnership raised funds for the
construction of a new concert hall and production space at Ordway Center for the Performing Arts. In	
Accounting Principles, the net transfer of assets in the amount of \$571,227 was made during fiscal year	
assets in the "Other Changes" section on the statement of activities. The net transfer represents an ed	
Ordway Center for the Performing Arts for excess contributions received by Ordway Center for the Pe	rforming Arts from campaign
donations for the project and an equity transfer out of \$2,621,227 for funds disbursed by the Arts Parti	
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

**ARTS PARTNERSHIP** 

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

26-2507419

Title of the state

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year.	ganizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one during the tax year.	e organization ar	swered "Yes" on	Form 990, Part	IV, line 34 becar	rse 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
(1) Ordway Center for the Performing Arts (41-1428998) 345 Washington Street, Saint Paul, MN 55102	Performing Arts Center MN	MN	501 (c) 3		7 N/A	>
(2) The Saint Paul Chamber Orchestra (41-0829498) 408 Saint Peter Street 3rd Floor, Saint Paul, MN 55102	World Class Chamber Orchestra	MN	501 (c) 3		7 N/A	>
(3) The Schubert Club (41-0945277) 75 West 5th Street, Saint Paul, MN 55102	Recital music performances	WIN	501 (c) 3		7 N/A	>
(4) The Minnesota Opera (41-0946789) 620 North First Street, Minneapolis, MN 55401	Peformance of self produced operas	W	501 (c) 3		7 N/A	>
(5)						
(9)						
(a)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

(i) Section 512(b)(13) controlled entity? (k)
Percentage
ownership Schedule R (Form 990) 2015 ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line.34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ž (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (9) (h)
Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total income Yes (C corp, S corp, or trust) (f) Share of total income (d) (Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV E E 8 ල 9 Ε Ø ₹ 3 <u>©</u> E € S ପ୍ର

Page 3

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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Yes						>	_	L	_									>		>	>	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.		Method of determining amount involved						- }			9
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901	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?	Receipt of (i) interest, (ii) annurties, (iii) royalties, or (	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equípment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	wer t			R, P			1			ł		{
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Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule	our Ouri	Rece	Gift,	Gift,	Loan	Loan	Divid	Safe	Purc	Exch	Leas		Leas	Perfc	Perfc	Shar	Shan	Rein	Rem	Othe	튉	If the			See Schedule R, Part VII, Statement 1	Į					ŀ		
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 more revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	l egal domicile	Predominant	Are all partners	Share of	(9) Share of	(n) Disproportionate	(i) Code V~UBI	(I) General or	(k) Percentage
(1)	(state or foreign country)	-, <del>ξ</del> Γ	section 501(c)(3) organizations?	¥	end-of-year assets	allocations?	tu		ownership
(1)	 		Yes No			Yes No		Yes No	
(2)									
(6)									
(4)									
(5)									
(9)									
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(11)									
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(14)									
(15)			1						
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	m 990) 2015 Page
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
	Provide additional information for responses to questions on Schedule in (see instructions).
	***************************************

Schedule O, Statement 1

ARTS PARTNERSHIP

Form 990 (2015)

EIN 26-2507419

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**Header Section** 

## Reasonable Cause Explanations

## Explanation

The information required to accurately complete the form 990 was not available until late April and therefore this Form 990 could not be completed and filed until May 2017