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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.us.gov/form990.

Open to Public

<u>A</u>	For th	e 2015 calendar year, or tax year beginning SEP 1, 2015 and endin	g AUG	<u>31, 2016</u>						
В	Check it applicat	C Name of organization	DE	Employer identifi	cation number					
	Addr chan Nam	• LDES MOINES METRO OPERA FOUNDATION, INC.								
	inam chan initia	geDoing business as	_	42-1	376458					
L	returi Final	Number and street (or P.O. box if mail is not delivered to street address)  Room,	/suite E 7	E Telephone number 515-961-6221						
_	termi		G	Gross receipts \$	970,698.					
[	Amer returi	nded TNIDTANIOTA TA FO125 1026	F	) Is this a group re						
	Appli	F Name and address of principal officer: DENISE WIELAND		for subordinates						
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No									
1	Tax-ex	xempt status X 501(c)(3)	527	If "No," attach a	list. (see instructions)					
		ite: ► N/A		Group exemption						
			Year of for	mation: 1991 <u>i</u>	M State of legal domicile: IA					
ΙĐ	art I	Summary								
90	1	Briefly describe the organization's mission or most significant activities: TO SUPPODES MOINES METRO OPERA, INC.	ORT TH	IE OPERAT	IONS OF THE					
Governance	2	Check this box   if the organization discontinued its operations or disposed of	more than	25% of its net as	sets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·		13					
		Number of independent voting members of the governing body (Part VI, Jine 1b)		4	13					
Š		Total number of individuals employed in calendar year 2015 (Part V, line 2a)	9 2317	5	0					
Activities	6	Total number of volunteers (estimate if necessary)			0					
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	شد لا أرا	7 <u>a</u>	0.					
, <del>-</del>	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
}			<u> </u>	rior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	150,017.	160,058.					
en le	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		468,640.	254,758.					
	דרן	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b> </b>	619 657	28,549.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		618,657. 470,000.	443,365. 470,000.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	470,000.					
	15	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b> </b> -	0.	0.					
ses	160		<b> </b>	0.	0.					
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	\$ ' }\$							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	×6 7 9	39,287.	38,159.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		509,287.	508,159.					
	1	Revenue less expenses Subtract line 18 from line 12		109,370.	-64,794.					
50	4		Beginnir	g of Current Year	End of Year					
Assets Palanc	20	Total assets (Part X, line 16)		,088,051.	10,815,172.					
		Total liabilities (Part X, line 26)		0.	0.					
Net	22	Net assets or fund balances Subtract line 21 from line 20	10	,088,051.	10,815,172.					
P	<u>art ( </u>	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is					
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has a	<del></del>						
		Due Willand		1-11	-/7					
Sig	n	Signature of officer		Date						
Here DENISE WIELAND, TREASURER										
	Type or print name and title  Print/Type preparer's name  Proporer's constitute  Date  Check  PTIN									
r rinivity preparer s name r reparer s synature										
Preparer Firm's name DENMAN & COMPANY LLP Firm's EIN 42-0794029										
USE	Use Only   Firm's address   1601 22ND STREET, SUITE 400   Phone no. 515-225-8400									
Max	the "	<del></del>		T Filotie IIO. 31	X Yes No					
ivia	ון פוווי	RS discuss this return with the preparer shown above? (see instructions)			, 42 Tes No					

	1 990 (2015) DES MOINES METRO OPERA FOUNDATION, INC 42-1376458 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.  TO SUPPORT THE OPERATIONS OF THE DES MOINES METRO OPERA, INC.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 470,000. including grants of \$ 470,000.) (Revenue \$)
	FINANCIAL SUPPORT OF THE DES MOINES METRO OPERA, INC. FOR OPERATING EXPENSES.
	EAPENSES.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
46	(Code) (Expenses \$
70	(code ) (Expenses \$ / (Nevertice \$ / )
	<del></del>
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	400 000
	5

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17

18

X

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II .

Form 990 (2015) DES MOINES METRO OPERA FOUNDATION, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1 1		
	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		_X_
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		X
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			i
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		\$8,000 \$100 \$100 \$100 \$100 \$100 \$100 \$100	C modespie est a
	instructions for applicable filing thresholds, conditions, and exceptions).	**	·^ \$&	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1	1	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1		
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		Ì	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u>,</u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X .	
		Form	990 (	2015)

Form Par	990 (2015) DES MOINES METRO OPERA FOUNDATION, INC 42-1376  t.V   Statements Regarding Other IRS Filings and Tax Compliance	<u>458</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
15	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>	162	<b>140</b>
	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable  Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable  1b. 0			
	The state of the s			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	20,0	>%
200	(gambling) winnings to prize winners?	1c	S &	.%; ]
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
		-	``````````````````````````````````````	لـــــــــــــــــــــــــــــــــــــ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\$3	7
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	%\\	, «	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	3.	<del></del>
D	If "Yes," enter the name of the foreign country:	3 the Book		, \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	- 3.4	\$1	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_X_
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.		
	were not tax deductible?	6b	- %`	
	Organizations that may receive deductible contributions under section 170(c).		- 8	_ <u></u>
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	- 1	v
	to file Form 8282?	7c	1.5	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	* *	(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h .∾	37	. 2.
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	200
	sponsoring organization have excess business holdings at any time during the year?	8	<del></del> -	<del>,                                    </del>
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		* 1
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:	,	§'	
	Initiation fees and capital contributions included on Part VIII, line 12		}} v •{	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	§ (	4 (S)	
11	Section 501(c)(12) organizations. Enter			{ <sup>}</sup>
а	Gross income from members or shareholders		13	3 3
	Gross income from other sources (Do not net amounts due or paid to other sources against		, §	<b>*</b>
	amounts due or received from them )	356	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	3	`.\*	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			% ,ò
а	ls the organization licensed to issue qualified health plans in more than one state?	13a		
ļ	Note. See the instructions for additional information the organization must report on Schedule O	:	38	, ,
b I	Enter the amount of reserves the organization is required to maintain by the states in which the	1, 25,	15, "	2 \$
•	organization is licensed to issue qualified health plans	* 1	3	, ; è
c i	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
		F	990	/001E\

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		· 1	
	If there are material differences in voting rights among members of the governing body, or if the governing	3		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	રે		
b	Enter the number of voting members included in line 1a, above, who are independent 15 15	Š		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	\$	***	2 12.
	officer, director, trustee, or key employee?	_2		X
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	]	$\mathbf{x}_{-}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	¥,	100	N.
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	· }	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decidir b regulation information about policies not required by the internal retende date.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ě	, 3	1.0
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	۸.	× ′.,	: ;}
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	×	787	
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	2.2	À	45,7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Ž.	\$
	taxable entity during the year?	16a	<u>`</u>	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	 	7/8	y ^ .
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	\$ X		
	exempt status with respect to such arrangements?	16b	^ -	
Sec	tion C. Disclosure	102		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable	<del></del>	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
. •	statements available to the public during the tax year.	10		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 515-961-6221			
	106 W. BOSTON AVE., INDIANOLA, IA 50125			

532006 12-16-15 Form **990** (2015)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, 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 ne	or any related o	orga	nıza	tion	con	npen	sate	ed any current officer, director, or trustee.				
(A)	(C)						(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than one					ne.	Reportable	Reportable	Estimated		
	hours per	box,	box, unless person is both an			s both	ıaπ	compensation	compensation	amount of		
	week	_	officer and a director/truste			r/trus	tee)	from	from related	other		
	(list any	ector		[		l l		the	organizations	compensation		
	hours for	퉏				ᆵ		organization	(W-2/1099-MISC)	from the		
	related	ste (	ese	}		suac		(W-2/1099-MISC)		organization		
	organizations	ndividual trustee or director	Institutional trustee	1	Key employee	Highest compensated employee	ŀ	Į l		and related		
	below	Ę.	Ĭ	Officer	E E	ploye	Former			organizations		
	line)	르	<u>≅</u>	ij.	<u>ş</u>	£.2	For					
(1) JIM BERENS	1.00									_		
TRUSTEE		X			<u> </u>			0.	0.	0.		
(2) MARSHALL FLAPAN	1.00				<b> </b>	1						
TRUSTEE		X						0.	0.	0.		
(3) DR. BRUCE HUGHES	1.00			]	}	1 1		Ì				
TRUSTEE		X						0.	0.	0.		
(4) CRAIG SHADUR	1.00											
PRESIDENT-ELECT		X		X				0.	0.	0.		
(5) WILLIAM LOZIER	1.00				}							
TRUSTEE	<u> </u>	X						0.	0.	0.		
(6) TOM MCKLVEEN	1.00					l I		ŀ				
TRUSTEE		X		L				0.	0.	0.		
(7) NANCY MAIN	1.00				ļ							
TRUSTEE		X						0.	0.	0.		
(8) DENISE WIELAND	1.00											
TREASURER		X		X				0.	0.	0.		
(9) ADRIENNE MCFARLAND	1.00											
PRESIDENT		X		X	L			0.	0.	0.		
(10) HARRY BOOKEY	1.00				ŀ	1 1		<b>\</b>				
TRUSTEE		X						0.	0.	0.		
(11) BARBARA CAPPAERT	1.00											
TRUSTEE		X						0.	0.	0.		
(12) JOHN SCHMIDT	1.00				[					1		
TRUSTEE		X						0.	0.	0.		
(13) ELAINE RALEIGH	1.00											
SECRETARY		X		X			ľ	0.	57,381.	0.		
					•							
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				l								
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532007 12-16-15

		_	_	_				DATION, INC		<u>376458</u>	Page 8
	Toesdan As Oniscra, pircotors, musices, rey Employees, and migrest compensated Employees (company)										
(A)	(B)	1 5 .						(D)	(E)	_	(F)
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable	- 1	stimated
	1	week officer and a di						compensation from	compensation from related		mount of other
	(list any	ĮQ.					Γ	the	organization		npensation
	hours for	direc			l	ᄝ	ļ	organization	(W-2/1099-MI		rom the
	related	tee or	ustee			eusaf	İ	(W-2/1099-MISC)		orç	ganization
	organizations	al trus	snal tr		loyee	gmos a	l			1	nd related
	below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizations
		Ĕ	Ĕ	ō	ş.	포함	F <sub>0</sub>	<del> </del>	<del> </del>		
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	ļ	1	Į,		l						
	<b> </b>				-						
		1			1	]	1			1	
1b Sub-total	<del></del>						<b></b>	0.	57,3	81.	0.
c Total from continuation sheets to Part VI	I, Section A	•					•	0.		0.	0.
d Total (add lines 1b and 1c)	•				•	•	<b>&gt;</b>	0.	57,3	81.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	 e	
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated ei	nployee on	* <u>}</u> 3	\$ \ \
line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual									3_	X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization	7 3	3, 1,8
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	for such individual .		4_	X
5 Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	· §	
rendered to the organization? If "Yes." con	nolete Schedule	e <i>J f</i> (	or su	ıch r	oers	on_				5_	<u> </u>
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	\$100,000 of comp	pensation fro	om
the organization Report compensation for	the calendar ye	ear e	ndır	ig w	ıth c	or wi	thin		ear		
(A) Name and business	addrage	37/	<b>\ NTT</b>	3			-	(B) Description of s	convicos		C) ensation
Name and business	aduress	MC	INC	5				Description of s	el vices	Compe	
							- [				
<del></del>							$\dashv$				
<del></del>	<del></del>	_				—	7				
							1				
	<del></del>			_		-	7				
										<u></u>	
							┪				
						_	_				
2 Total number of independent contractors (ii	ncluding but no	ot lın	nited	to t	thos	e lis	ted	above) who received me	ore than	, 3.	(, } <sub>j</sub> ,
\$100,000 of compensation from the organi	-				(	_				<u> </u>	
										Form	990 (2015)

Form	1990			RO OPERA	A FOUNDATIO	ON, INC	42-1376	458 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O con	tains a response or			<u></u>	· · · · · · · · · · · · · · · · · · ·	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts, Grants	b	Federated campaigns Membership dues Fundraising events	. 1a 1b 1c		and the second s	e espera (ha para mente espera		
Contributions, Gifts, and Other Similar A	e f	Related organizations     Government grants (contribut     All other contributions, gifts, grar     similar amounts not included abo	nts, and	60,058.	en e	sage on the second of the seco		Statemen
o de de	g	Noncash contributions included in lines	1a-1f \$		160 050		X	
Qg		Total. Add lines 1a-1f	<del></del>		160,058.	* ** **		
Program Service Revenue	   2 a   t		<u> </u>	Susiness Code			<u> </u>	<u> </u>
Sag	c							
E K	c	l						
87	e	·			<u> </u>		<u> </u>	<del></del>
ا ت	•		enue <u>L</u>			8 18 % % %	* o. 4 . * .	7 , 32 3 45 45
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interest		201 657			281,657.
		other similar amounts)			281,657.			201,031.
	4	Income from investment of ta	ix-exempt bond pro	oceeds				<del></del>
	5	Royalties		(1) Dames al	\$ 75 × 35 (8	, ., .,	* * * *	
	_	0	(i) Real	(II) Personal				
- 1		Gross rents	<del>                                     </del>					
		Less: rental expenses	<del> </del>					
Į		Rental income or (loss)	LL		\$ <u>\$</u> \$\$ .	3 4 7 8	). (% { <u>}</u> ; <u>}</u>	\$ 50 B
I		Net rental income or (loss)			V 3 % 78	1 18 6 N: 1	\$	, , , , , , , , , , , , , , , , , , , ,
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
į		assets other than inventory	500,434.			Tanakari ili salah barakari ili		
ŀ	b	Less: cost or other basis	F07 222	ĺ				
		and sales expenses	527,333.					
- [	С	: Gain or (loss)	-26,899.					* 3 - 3 - 3
I	d	Net gain or (loss)	٠		-26,899.			-26,899.
Other Revenue	8 a	Gross income from fundraisin including \$	of					
r Rev		contributions reported on line Part IV, line 18	a ( a (					
휡	b	Less: direct expenses	ь[					* * * *
٥	c	Net income or (loss) from fund	draising events	<b>•</b>				
		Gross income from gaming a						
		Part IV, line 19	. a_					
	b	Less direct expenses	ь					
		Net income or (loss) from gan	ning activities	<b>•</b>				
1		Gross sales of inventory, less	-			2 1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	17 1 3 3	
1		and allowances	а				4.3	
	b	Less: cost of goods sold	ь					
L	c	Net income or (loss) from sale	es of inventory					
[		Miscellaneous Revenu		Business Code		· · · · · · ·	100 40 13	
	11 a	MISCELLANEOUS I	NCOME	900099	28,549.	28,549.		
ļ	b	·			·		ļ	
Ì	c						ļ	<u> </u>
	d	All other revenue						
1	е	Total. Add lines 11a-11d		<b></b>	28,549.	V V	. \$ "	ξ \$ .
	12	Total revenue See instructions.			443,365.	28,549.	0.	254,758.
532009	12-16							Form <b>990</b> (2015)

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	_	. •	mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	; 13 - 12 % × 8 ×
•	and domestic governments. See Part IV, line 21	470,000.	470,000.		
2	Grants and other assistance to domestic			S SS S S S S SS	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management .				
þ	Legal .				<u> </u>
C	Accounting	7,725.		7,725.	<u> </u>
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20 424		20 424	<del></del>
f	Investment management fees	30,434.		30,434.	
g	` •	İ			
	column (A) amount, list line 11g expenses on Sch O.)			<del></del>	<del></del>
12	Advertising and promotion			<del> </del>	
13	Office expenses			<del></del>	
14	Information technology .			<del></del>	
15	Royalties .				
16	Occupancy				<del></del>
17	Travel			<del></del>	
18	Payments of travel or entertainment expenses			,	i
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest	<del></del>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				_ <del></del>
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.)				
а	amount, not time 24e expenses on ocheque 0.)				
_ b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	508,159.	470,000.	38,159.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)				

<u> </u> Pa	ırt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
-				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			_1_	
	2	Savings and temporary cash investments		94,228.	_2_	146,399.
	3	Pledges and grants receivable, net	24 40 5	3	00 416	
	4	Accounts receivable, net .	34,406.	4	29,416.	
	5	Loans and other receivables from current and for	· · · · · · · · · · · · · · · · · · ·			
		trustees, key employees, and highest compensat	ed employees Complete			
	١.	Part II of Schedule L		\$ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	5	
	6	Loans and other receivables from other disqualifi				
		section 4958(f)(1)), persons described in section		{ { }		
		employers and sponsoring organizations of section		<u> </u>		
ets	l _	employees' beneficiary organizations (see instr)	16 000	6	16 000	
Assets	7	Notes and loans receivable, net	İ	16,000.	7	16,000.
_	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	1	4 × × × × × × × × × × × × × × × × × × ×	9	\) (& x 36
	TO a	Land, buildings, and equipment cost or other				
	١.	basis Complete Part VI of Schedule D	10a	\$ \$, 3% % '%	3	(, 4), (, 1),
	1	Less: accumulated depreciation	10b	0 700 042	10c	10 462 707
	11	Investments - publicly traded securities	9,790,042.	11	10,463,787. 159,570.	
	12	Investments - other securities. See Part IV, line 1		155,575.	12	139,370.
	13	Investments - program-related. See Part IV, line 1 Intangible assets	•		13	
	15	Other assets. See Part IV, line 11		14 15	<del> </del>	
	16	Total assets. Add lines 1 through 15 (must equa		10,088,051.	16	10,815,172.
	17	Accounts payable and accrued expenses	mic 0-4)	20/000/0020	17	
	18	Grants payable	<del></del>		18	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities	•		20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Ø	22	Loans and other payables to current and former				
Liabilites		key employees, highest compensated employees	, and disqualified persons.		, ,,,	
abii		Complete Part II of Schedule L			22	
ت	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
	[	parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	}	Organizations that follow SFAS 117 (ASC 958),			· & .	
es	[	complete lines 27 through 29, and lines 33 and	34.			
ů.	27	Unrestricted net assets		9,094,044.	27	9,651,149.
Bala	28	Temporarily restricted net assets		794,007.	28	964,023.
Fund Balances	29	Permanently restricted net assets	. [-]	200,000.	29	200,000.
Fu	1	Organizations that do not follow SFAS 117 (AS	C 958), check here		ř,	
3 05		and complete lines 30 through 34.		<u>}</u> ,;}* <u>' {}</u>		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Set	30	Capital stock or trust principal, or current funds			30_	
As	31	Paid-in or capital surplus, or land, building, or equ	•		31	
Net Assets or	32	Retained earnings, endowment, accumulated inc	ome, or other funds	10,088,051.	32	10,815,172.
_	33	Total habilities and not assets (fixed belongs	•	10,088,051.	33	10,815,172.
	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	10,000,001.	34	
						Form <b>990</b> (2015)

Form	990 (2015) DES MOINES METRO OPERA FOUNDATION, INC	42-1376	458	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	443,	365.
2	Total expenses (must equal Part IX, column (A), line 25)	2	508,	159.
3	Revenue less expenses. Subtract line 2 from line 1	3		794.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 10	,088,	051.
5	Net unrealized gains (losses) on investments	5	791,	915.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<u>-</u>	
	column (B))	10 10	),815,	172.
Pa	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		1 33	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).	i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a	2 2 2	, "
	separate basis, consolidated basis, or both.			8 4
	Separate basis Consolidated basis Both consolidated and separate basis			*
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	oasis,		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
-	review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.	* * *	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audıt	<u> </u>	3 8 3
	Act and OMB Circular A-133?	-	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	
			Form 99	0 (2015)

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

DES MOINES METRO OPERA FOUNDATION, INC

Employer identification number 42-1376458

Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part ) Se	e instructions					
The organ	ization is not a private found										
1 🗀	A church, convention of ch	•		-	•	IXAVi).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state	eacion operated in con	nanotion with a nospital	described	iii Scotto	ii irolog igaging. Emor	aro nospitar s marris,				
5 🗍		or the benefit of a col	llege or university owner	d or operat	ed by a go	vernmental unit describe	d in				
• 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
6	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).										
=======================================											
7 🔝	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
م ر	section 170(b)(1)(A)(vi). (0	-									
8 🖳	A community trust describ	· •		•							
9 📖	An organization that norma		·	•		· · · · · · · · · · · · · · · · · · ·	-				
	activities related to its exer	· ·	•	• •			<del>-</del>				
	income and unrelated busi		(less section 511 tax) fro	om busines	sses acquii	red by the organization at	fter June 30, 1975.				
	See <b>section 509(a)(2).</b> (Co	•									
10	An organization organized	and operated exclusi	vely to test for public sa	fety See	section 50	)9(a)(4).					
11 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the p	ourposes of one or				
	more publicly supported or	rganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See <b>section 509(a)(3).</b> C	theck the box in				
	lines 11a through 11d that	describes the type of	f supporting organization	n and com	plete lines	11e, 11f, and 11g.					
a <u>  X</u>	Type I. A supporting org	anızatıon operated, s	upervised, or controlled	by its supp	oorted orga	anızatıon(s), typıcally by g	giving				
	the supported organizati	on(s) the power to req	gularly appoint or elect a	a majority o	of the direc	tors or trustees of the su	pporting				
<u>-</u>	organization. You must	complete Part IV, Se	ections A and B.								
b <u>Г</u>		ganization supervised	or controlled in connec	tion with it	s supporte	d organization(s), by have	ing				
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	orted				
	organization(s). You mus	st complete Part IV,	Sections A and C.								
с		egrated. A supporting	g organization operated	in connect	tion with, a	ind functionally integrated	d with,				
	its supported organization	n(s) (see instructions)	You must complete	Part IV, Se	ctions A,	D, and E.					
d L	Type III non-functionall	y integrated. A supp	orting organization oper	rated in co	nnection w	rith its supported organiz	ation(s)				
	that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and an attentiv	eness				
	requirement (see instruct	tions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е 🗀	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
	functionally integrated, o	r Type III non-function	nally integrated supporti	ng organiz	ation						
f Ente	r the number of supported	organizations					1				
g Prov	ride the following informatio	n_about the supporte	d organization(s)								
(i	) Name of supported	(u) EIN	(iii) Type of organization	(iv) Is the o		1 ' '	(vi) Amount of				
	organization		(described on lines 1-9 above (see instructions))	listed governing	document?	support (see	other support (see				
			above (see instructions))	Yes	No	instructions)	instructions)				
DES M	OINES METRO										
OPERA	, INC.	23-7319903	9	Х		470,000.					
				i							
				[							
				1							
		<b>†</b>					<del> </del>				
				}		Í					
	<del></del>		/ 35 RE CO	1	¿		<del></del>				
Total				<b>1</b> . *	( )	470 000 1	Λ				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DES MOINES METRO OPERA FOUNDATION, INC 42-1376458 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	147 - 5 + 1	(5) 2012	(0) 2010	10, 2511	10,2010	117 1 0141
-	membership fees received (Do not		1			Ì	
	include any "unusual grants.")		i	İ			
2	Tax revenues levied for the organ-						<del></del>
	ization'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		المارين المارين المارين				
	by each person (other than a						
	governmental unit or publicly					and the contraction of the contr	
	supported organization) included		in the state of th				
	on line 1 that exceeds 2% of the	\$ 2 ° % 3 `					
	amount shown on line 11,		as a single of special process of the second			en en en en en en en en en en en en en e	
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	<del></del>					
8	Gross income from interest,	i					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on	,					
10	Other income Do not include gain			<del></del>			
	or loss from the sale of capital			1		ı	
	assets (Explain in Part VI.)					į	
11	Total support. Add lines 7 through 10	, 5 3 3 3					
	Gross receipts from related activities,	etc (see instructio				12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here			<u> </u>		<b>▶</b> □
	ction C. Computation of Public					<del></del>	
	Public support percentage for 2015 (li		•	olumn (f))		14	%
	Public support percentage from 2014	:	•		. (	15	%
16a	33 1/3% support test - 2015. If the o			tine 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a		•				. ▶[]
D	33 1/3% support test - 2014. If the o				line 15 is 33 1/3%	or more, check this	. Coox
17~	and stop here. The organization quali	• •	• • •	• •	10 104 106 -	nd line 14 := 1007 :	<b>P</b>
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					t vi now the organi	zation [
h	meets the "facts-and-circumstances" t	_	•		•	70, and less 15 is 1:	. P
U	10% -facts-and-circumstances test						U70 UI
	more, and if the organization meets the				=		▶□
18	organization meets the "facts-and-circle Private foundation. If the organization			•			
	ate roundation. It the organization	r did not check a t	JON OIT HITE TO, 108	i, 100, 17a, 0f 17b		dule A (Form 990)	000 57) 0045

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42-1376458 Page 3 Schedule A (Form 990 or 990-EZ) 2015 DES MOINES METRO OPERA FOUNDATION INC

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2015 Calendar year (or fiscal year beginning in) (d) 2014 (f) Total (a) 2011 **(b)** 2012 (c) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2014 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2015 DES MOINES METRO OPERA FOUNDATION, INC 42-1376458 Page 4 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)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** 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 being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used 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," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	edule A (Form 990 or 990-EZ) 2015 DES MOINES METRO OPERA FOUNDATION, INC 42-13	76458	8 Pa	<u> 1qe 5</u>
, Pa	rt IV Supporting Organizations (continued)			<u> </u>
44	Liga the average street as soft as contribution from any of the fallowing payages?	F3 \$	Yes	No (**
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	~	X
b	A family member of a person described in (a) above?	11b		X
	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		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			Ž
	controlled the organization's activities. If the organization had more than one supported organization,	San San San San San San San San San San		See the second s
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<del>  *  </del>	<u>*</u>	
^	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		, 3
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,	2		X
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	<u></u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	k 35.		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1. 5.
	or management of the supporting organization was vested in the same persons that controlled or managed	\$	200	
	the supported organization(s).	1 1		L
Sec	tion D. All Type III Supporting Organizations			
		4 (4	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 1		***
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		, jan	* ***
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	x 3	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	<u> </u>	, },
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	Ť
3	By reason of the relationship described in (2), did the organization's supported organizations have a		22	8.8. 8.8.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		L
Sec	tion 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 instructions)			
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.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions) ]	V	
2	Activities Test. Answer (a) and (b) below.	<b>*</b> *	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	\$ 3		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		~n <sup>4</sup>	
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.3	ž 33	, ex
~	of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in Part VI the		\$0.	
	reasons for the organization's position that its supported organization(s) would have engaged in these	3 *	3	* 3 > >
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 、、1	. *	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	214	`.	<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		. 🤏	37. 3
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		L

Sche	edule A (Form 990 or 990 EZ) 2015 DES MOINES METRO OPERA FOR TV Type III Non-Functionally Integrated 509(a)(3) Supporting	_		2-1376458 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			ctions All
•	other Type III non-functionally integrated supporting organizations must comp			Ctions. 7 ti
Sect	tion A - Adjusted Net Income	<u> </u>	(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		
5	Depreciation and depletion	5		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	* * * * *		
	instructions for short tax year or assets held for part of year):	à à		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	35		
	factors (explain in detail in Part VI)		in the state of th	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
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		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functionally-in-	ntegra	ted Type III supporting organ	nization (see

Scl	nedule A (Form 990 or 990-EZ) 2015 DES MOINES MI art V Type III Non-Functionally Integrated 509	ETRO OPERA FOUN		12-1376458 Page 7
Se	ction D - Distributions	startor supporting org	anizations (continued)	
1			<del></del>	Current Year
2				
	organizations, in excess of income from activity	pt purposes of supported		
3		on of our and all areas at	<del></del>	
4	Amounts paid to acquire exempt-use assets	ses of supported organization	<u> </u>	<del> </del>
5		<del></del>	· · · · · · · · · · · · · · · · · · ·	
-6	Other distributions (describe in Part VI). See instructions	<del></del>		<del></del>
7	Total annual distributions. Add lines 1 through 6.	<del></del>	<del>-</del>	<del>                                     </del>
8	Distributions to attentive supported organizations to which t	the ergon and	<del></del>	
	(provide details in Part VI) See instructions.	ine organization is responsive	9	}
9	Distributable amount for 2015 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount	·		
	and an an an an an an an an an an an an an		T	
_		(i)	(ii) Underdistributions	(iii)
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			* * * . *5 *
	(reasonable cause required see instructions)	Selection of the select		
3	Excess distributions carryover, if any, to 2015			
_ a	2, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,			X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
_ b	* v h h h h			\$ ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c	9 8 9 9 9 1 W			
d	From 2013			71 Xx 20 8
е	From 2014			
f	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·		
g	Applied to underdistributions of prior years		2,	
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)	** * * * *		
نــــــــــــــــــــــــــــــــــــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f.			3
4	Distributions for 2015 from Section D,		N X 8 3 4 4	
	line 7:\$			
a	Applied to underdistributions of prior years		* * * * * * *	
	Applied to 2015 distributable amount			84 86 8 8 8
	Remainder. Subtract lines 4a and 4b from 4	***		\$%
5	Remaining underdistributions for years prior to 2015, if		· · · · · · · · · · · · · · · · · · ·	X X X X Y X X
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	7 % ? '; ',' ',' ', ', ', ', ', ', ', ', ', ', '		
6	Remaining underdistributions for 2015 Subtract lines 3h			* '4 /*5 *6'
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c.			
_8_	Breakdown of line 7:			2
<u>a</u>		X X X X		
<u>b</u>				
				* *
	Excess from 2014		3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
е .	Excess from 2015		188 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015	DES	MOINES	METRO	OPERA	FOUNDA	ATION,	INC	42-1376458	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	Inform , lines 1, 2 ction D, lin	nation. 2, 3b, 3c nes 2 an	Provide the s, 4b, 4c, 5a, d 3; Part IV, 5	explanation 6, 9a, 9b, 9d Section E, lir	s required b c, 11a, 11b, nes 1c, 2a, 2	by Part II, line and 11c, Par 2b, 3a and 3t	10; Part II, t IV, Section o; Part V, line	line 17a or n B, lines 1 e 1; Part V,	17b, Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pai	1 C.
	Section D, lines 5 (See instructions)	, 6, and 8	, and Pa	rt V, Section	E, lines 2, 5	and 6 Also	complete tr	us part for a	iny addition	ial information.	
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## 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.us.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection 3

Employer identification number Name of the organization 42-1376458 DES MOINES METRO OPERA FOUNDATION, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II. | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990. Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

	rt III Organizations Maintaining Co			OATION, INC			Page 2
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that are a si	ignificant use of its	collection items	5
	(check all that apply)						
а	Public exhibition	d	Loan or exch	nange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further the	e organızation's exe	mpt purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	ures, or other sımıla	r assets		
	to be sold to raise funds rather than to be ma					Yes	No
Pa	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" or	n Form 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.		<u> </u>			
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets not	ıncluded		
	on Form 990, Part X?				L	Yes	_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:		<del></del>		
					<u> </u>	Amount	
С	Beginning balance .				. 1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				<u>  1f  </u>		
2a	Did the organization include an amount on Fo					Yes	_  No
	If "Yes," explain the arrangement in Part XIII  rt.V Endowment Funds. Complete if						
- a	rt.V   Endowment Funds. Complete if					I	haal
	Parama and and I lama	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac		
1a	Beginning of year balance	9,896,590.	10,106,941.	9,071,168. 129,095.	9,058,962		847.
Ь	Contributions	1,040,478.	108,191.	1,519,307.	395,892		,583.
C	Net investment earnings, gains, and losses	470,000.		533,147.	564,804		,987.
a	Grants or scholarships	470,000.	470,000.	333,147.	304,004	- 010,	,
e	Other expenditures for facilities and programs						
•	Administrative expenses	31,292.	31,542.	79,482.	52,629	95	749.
g	End of year balance	10,610,776.	9,896,590.	10,106,941.	9,071,168	<del></del>	
2	Provide the estimated percentage of the curre						<u> </u>
- а	Board designated or quasi-endowment	89.03	%	Tiola as.			
b	Permanent endowment 1.88	%					
c		9.09 %					
·	The percentages on lines 2a, 2b, and 2c shou						
За	Are there endowment funds not in the posses		tion that are held an	d administered for the	ne organization		
	by:	J			3.	Yes	No
	(i) unrelated organizations					3a(i)	Х
	(ii) related organizations	•	•		_	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.				
Par	t VI Land, Buildings, and Equipme	ent.					-
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a Se	ee Form 990, Part X	, line 10		
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated	(d) Book valu	16
		basis (investm	1	other) de	epreciation		. <del></del>
1a	Land .			V.2 % C			
b	Buildings .						
С	Leasehold improvements						
d	Equipment						
е	Other						
Total	. Add lines 1a through 1e. (Column (d) must ed	oual Form 990, Part	X column (B) line 10	Oc.)			0.

Schedule D (Form 990) 2015

(b) Book value

(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
_ (A)							
(C)							
(D)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	3 355	( ) (§) ·		\$ \$ \$.	, <u> </u>	8 4
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 9	90, Part X, I	<u>ıne 13.</u>			
(a) Description of investment	(b) Book value	(c) Method	of valuation	Cost or	end-of-	year marke	t value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)		_					
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	4%, 3%	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2,3	787	A.	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Part IX Other Assets.							
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 9	990, Part X, I	ine 15 _			
	(a) Description					(b) Book	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

Other Liabilities.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1)Federal income taxes (2) (3)(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 DES MOINES METRO OPERA FOU t XI Reconciliation of Revenue per Audited Financial Stateme				376458	Page 4
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			11	1,235	280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		1 13	2,233	, 200.
		اما	791,915.	2,000,000		
a	Net unrealized gains (losses) on investments	2a	171,713.	{		
b	Donated services and use of facilities	2b		<b>1</b>		
С.	Recoveries of prior year grants	2c		} }		
d	Other (Describe in Part XIII.)	2d		33	701	015
_	Add lines 2a through 2d		•	2e	791	915.
3	Subtract line 2e from line 1			3	443,	365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			20		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		l"		
b	Other (Describe in Part XIII.)	4b		&		
C	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	443	365.
Pai	tixII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1				
1	Total expenses and losses per audited financial statements			1 1	508,	159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1.0	_	
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c		1 %		
d	Other (Describe in Part XIII)	2d		<b> </b>		
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1	**	•	3	508	159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•			
		الما				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b		1		Λ
	Add lines 4a and 4b	•		4c	E 0.0	159.
Da.	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	308	133.
						<del></del>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			, Part X,	line 2, Part X	i,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information	on.			
	<del></del>					
	m					
PAR	T V, LINE 4:					
						_
THE	ENDOWMENT FUNDS ARE HELD TO PROVIDE INCOM	ME TO BE	USED FOR	THE	SUPPOR	RT
<u>OF</u>	THE DES MOINES OPERA, INC.	<del></del>				
					· ·	
PAR	TX, LINE 2:					
			<u></u>			
ACC	OUNTING PRINCIPLES GENERALLY ACCEPTED IN '	THE UNIT	ED STATES	OF A	AMERICA	1
REO	UIRE MANAGEMENT TO EVALUATE TAX POSITIONS	TAKEN B	Y THE FOU	NDAT	ION AND	)
<u>×</u>	THE THEOLOGICAL TO DIVIDONIA THE TOURISHED	TIMEDIN B.	1112 100		2021 1212	
REC	OGNIZE A TAX LIABILITY OR ASSET FOR AN UNC	<u> የ</u> ድይጥል ተእና ነ	иотттом	тидт	MORE	
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$\overline{n}\tau v$	ELY THAN NOT WOULD NOT BE SUSTAINED UPON	EXAMINAT.	LON BI TH	E IN.	LEKNAL	
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KEV	ENUE SERVICE. MANAGEMENT HAS EVALUATED TI	HEIK MAT	RKIAL TAX	POS.	TATONS	<del></del>
3						
AND	DETERMINED THERE ARE NO UNCERTAIN POSITION	ONS TAKE	N OR EXPE	CTED	TO BE	
	EN THAT WOULD REQUIRE RECOGNITION OF A LI	ABILITY (	OR ASSET	OR		
532054 09-21-1	5	<del></del>		Schedu	le D (Form 9	90) 2015

Schedule D (Form 990) 2015	DES MOINES	S METRO	OPERA	FOUNDATION,	INC	42-1376458	Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	ormation (continued	)					
DISCLOSURES IN THE	FINANCIAL S	TATEMEN	ms.				
2-20-20-20-11-1-1-1							
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# SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

		V. 44.
1545-0047	2	:
545	-	ŀ
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OMB No	2	,
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▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

42-1376458

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

INC

DES MOINES METRO OPERA FOUNDATION,

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

ş [ (h) Purpose of grant or assistance RIMARY PURPOSE OF X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any OUNDATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ΕŘ 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 470,000 cash grant (c) IRC section if applicable 23-7319903 501(C)(3) General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DES MOINES METRO OPERA, INC. or government INDIANOLA, IA 50125 106 W. BOSTON AVE. Part II.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. THE ANNUAL AMOUNT OF SUPPORT IS DETERMINED BY THE BOARD OF THE FOUNDATION SUPPORTS THE GENERAL OPERATIONS OF THE DES MOINES METRO (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients TRUSTEES OF THE FOUNDATION. (a) Type of grant or assistance PART I, LINE 2: OPERA, INC.

Page 2

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DES MOINES METRO OPERA FOUNDATION, INC

Schedule I (Form 990) (2015)

Part III

Schedule I (Form 990) (2015)

# **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.

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DES MOINES METRO OPERA FOUNDATION. INC

Employer identification number 42-1376458

FORM 990, PART VI, SECTION A, LINE 7A:
DES MOINES METRO OPERA, INC., A RELATED PARTY, HAS THE ABILITY TO APPOINT
MEMBERS TO THE FOUNDATION'S BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATION'S FORM 990 IS REVIEWED BY A COMMITTEE OF BOARD MEMBERS
WITH APPROPRIATE KNOWLEDGE AND EXPERIENCE, WHO COMMUNICATES QUESTIONS TO
THE PAID PREPARER, RESOLVES ANY QUESTIONS AND THEN REPORTS TO THE BOARD
WITH THEIR RECOMMENDATION OF APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUESTED TO REGULARLY SIGN A CONFLICT OF INTEREST POLICY
STATEMENT, DISCLOSING RELATED INTEREST OR LACK THEREOF.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AT THEIR OFFICE.
FORM 990, PAGE 7, PART VII
ELAINE RALEIGH IS THE CFO FOR DES MOINES METRO OPERA, INC., A RELATED
ORGANIZATION, AND IS ALSO AN OFFICER FOR THE FOUNDATION. SHE IS
COMPENSATED FOR HER POSITION IN DES MOINES METRO OPERA, INC. BUT IS NOT
COMPENSATED BY THE FOUNDATION.

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

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1

▶ Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

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

DES MOINES METRO OPERA FOUNDATION, INC

Employer identification number 42-1376458

(g) Section 512(b)(13) controlled Š × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets N/A Public charity status (if section **e** 501(c)(3)) Total income Exempt Code 9 section 501(C)(3) **3** Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) IOWA Primary activity Primary activity OPERA - 23-7319903 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity INC. DES MOINES METRO OPERA, INDIANOLA, IA 50125 106 W. BOSTON AVE. Part PartII

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

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Schedule R (Form 990) 2015

42-1376458

Page 2

Schedule R (Form 990) 2015 DES MOINES METRO OPERA FOUNDATION, INC

Identification of Related Organizations Taxable as a Partnership Complete of 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. Part III

(K)	General or Percentage managing ownership								1			
s	eneral or nanaging partner?	Yes No		 							 	
(6)	Code V-UBI amount in box 720 of Schedule	K-1 (Form 1065) Y	<del></del>			 						
(h)	Disproportionate allocations?	Yes No										
(6)	Share of end-of-year assets											
	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						_				
(p)	Direct controlling entity											
(0)	Legal domicile (state or foreign	country)										
(q)	Primary activity									!		
(a)	Name, address, and EIN of related organization											

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. Part IV

(a)	(q)	(0)	(d)	(e)	<b>(£)</b>	(6)	3	€	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(C 7y	Shar In	Share of end-of-year assets	Percentage ownership	Sect 512(b) contro entit	_@g_
								Ves V	2
	r								
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Page 3

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# DES MOINES METRO OPERA FOUNDATION, INC 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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 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?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- 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)
- e 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, equipment, 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)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n 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 α
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) DES MOINES METRO OPERA, INC.	В	470,000.	470,000.CASH CONTRIBUTED
(2) DES MOINES METRO OPERA, INC.	Z	0	
(3) DES MOINES METRO OPERA, INC.	D	16,000.CASH	CASH
(4)			
(5)			

532163 09-08-15

Schedule R (Form 990) 2015

42-1376458

Page 4

Schedule R (Form 990) 2015 DES MOINES METRO OPERA FOUNDATION, IN

Part VI Unrelated Organizations Taxable as a Partnership Complete of 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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership			į į			Schedule R (Form 990) 2015
G) neging rther?	2					orm
Gene Dart	<u> </u>					R (F
Code V-UBI General or Percentage amount in box 20 managing ownership of Form 1065) Ass Not						Schedule
Disproportionate a	<u> </u>	 		 	 	
(g) Share of end-of-year assets						
(f) Share of total income		İ				
(e) Are all Partners sec 501(c)(3) Ones 7						i
(d) Predominant income prelated, unrelated, excluded from taw under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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