

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | | |
|---|---|---|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SPRINGBOARD FOR THE ARTS | | D Employer identification number 41-1690483 |
| | Doing business as | | E Telephone number 651-292-4381 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55103 | | G Gross receipts \$ 4,813,439. |
| F Name and address of principal officer: NOEL NIX 308 PRINCE ST. #270, ST PAUL, MN 55101 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.SPRINGBOARDFORTHEARTS.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1991 |
| | | | M State of legal domicile: MN |

Part I Summary

| | | | |
|---|---|--|-----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO CULTIVATE VIBRANT COMMUNITIES BY CONNECTING ARTISTS WITH THE SKILLS, INFORMATION, AND SERVICES | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 18 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 66 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 2,509,265. | Current Year 4,409,035. |
| | 9 Program service revenue (Part VIII, line 2g) | 316,979. | 395,696. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,475. | 2,398. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 765. | 6,310. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,829,484. | 4,813,439. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,084,406. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 978,080. | 1,172,700. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 214,348. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 751,601. | 823,723. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,814,087. | 3,303,099. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 15,397. | 1,510,340. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 5,586,209. | End of Year 7,149,836. |
| | 21 Total liabilities (Part X, line 26) | 2,071,395. | 2,126,783. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,514,814. | 5,023,053. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|--|------------------------------------|--------------------------|---|-------------------|
| Sign Here | Signature of officer | | Date | | |
| | NOEL NIX, PRESIDENT Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name NEAL EVERT | Preparer's signature NEAL EVERT | Date 02/25/20 | Check if self-employed <input type="checkbox"/> | PTIN P00046853 |
| | Firm's name ▶ CARPENTER, EVERT & ASSOCIATES, LTD. | Firm's EIN ▶ 41-1534805 | Phone no. (952) 831-0085 | | |
| | Firm's address ▶ 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CULTIVATE VIBRANT COMMUNITIES BY CONNECTING ARTISTS WITH THE SKILLS, INFORMATION, AND SERVICES THEY NEED TO MAKE A LIVING AND A LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,925,138. including grants of \$ 1,306,676.) (Revenue \$ 395,696.)

ARTIST RESOURCES - SPRINGBOARD FOR THE ARTS' ARTIST RESOURCES PROGRAMMING ENCOMPASSES PROFESSIONAL DEVELOPMENT RESOURCES FOR ARTISTS, ECONOMIC OPPORTUNITY PROGRAMS, ACCESS TO HEALTH AND LEGAL RESOURCES, AND PHYSICAL RESOURCE CENTERS. IN FY19 WE CONTINUED TO BUILD THE CAPACITY OF OUR RESOURCE CENTER FOR ARTISTS, OFFERING COMPUTER WORKSTATIONS OUTFITTED WITH GRAPHIC AND SLIDE SCANNERS, ADOBE CREATIVE CLOUD, MICROSOFT OFFICE, A PUBLICATIONS LIBRARY, AND OTHER GRANT-MAKING AND OPPORTUNITIES DATABASES. IN OUR ST. PAUL RESOURCE CENTER, WE EXPANDED THE A/V CLOSET, A CONTINUED OFFERING FOR ARTISTS TO CHECK OUT ARTS TECHNOLOGY SUCH AS CAMERAS AND LIGHTS. WE'VE CONTINUED OUR LEGAL REFERRAL SERVICE, CONNECTING 156 ARTISTS WITH ONE-ON-ONE ATTORNEY REFERRALS IN FY19.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SPRINGBOARD FOR THE ARTS' INCUBATOR: A FISCAL SPONSORSHIP PROGRAM PROVIDES FISCAL SPONSORSHIP FOR ARTS GROUPS AND INDIVIDUAL ARTIST PROJECTS THAT DO NOT WANT (OR ARE NOT READY) TO BECOME TAX-EXEMPT NONPROFIT ORGANIZATIONS. IN FY19 WE MANAGED OVER \$1.3 MILLION IN REVENUES FOR THE 240 ARTIST-LED PROJECTS IN THE PROGRAM DURING THAT PERIOD.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

IN FY19 OUR FERGUS FALLS OFFICE PROVIDED PROFESSIONAL TRAINING AND CONSULTATIONS, A RESOURCE CENTER, LEGAL AND HEALTHCARE RESOURCES TO APPROXIMATELY 350 ARTISTS, AND COMMUNITY DEVELOPMENT TRAINING FOR 158 ARTISTS THROUGH ARTISTS ON MAIN STREET. IN ADDITION, 18 ARTISTS IN OUR HINGE ARTS RESIDENCY PROGRAM REACHED APPROXIMATELY 740 COMMUNITY MEMBERS THROUGH PRESENTATIONS, EVENTS AND OUTREACH ACTIVITIES, AND THE YEAR OF PLAY PROJECT REACHED 472 COMMUNITY MEMBERS. WE ALSO PROVIDED COMMUNITY DEVELOPMENT PRESENTATIONS AND WORKSHOPS TO APPROXIMATELY 950 COMMUNITY, STATE AND NATIONAL LEADERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,925,138.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|-----------|-----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 188 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included in line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAURA ZABEL - 651-292-4381
308 E PRINCE STREET,, SAINT PAUL, MN 55101

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 nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JEROME RAWLS CO-PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) GRETA BAUER REYES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) KELLY ASCHE TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) BEN BONESTROO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) NOEL NIX CO-PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) AMELIA BROWN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) REBEKAH CRISTANA DE YBARRA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) LAURA ZIMMERMANN PAST PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) JEREMY B. COHEN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) BO THAO-URABE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) VA-MEGN THOJ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) SARINA O'TAIBI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) LAURA ZABEL EX. DIRECTOR | 40.00 | | | X | | | | 133,153. | 0. | 9,741. |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| 1b Sub-total | | | | | | | 133,153. | 0. | 9,741. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 133,153. | 0. | 9,741. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|--|--------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 120,631. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,288,404. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 4,409,035. | | | |
| | Program Service Revenue | 2 a PROJECT MANAGEMENT | Business Code 711300 | 169,839. | 169,839. | |
| b FISCAL SPONSORSHIP | | 711300 | 93,690. | 93,690. | | |
| c CONTRACT WORKSHOPS | | 711300 | 70,986. | 70,986. | | |
| d RESOURCE CTR | | 711300 | 21,528. | 21,528. | | |
| e CONSULTATION AND SPEAK | | 711300 | 15,739. | 15,739. | | |
| f All other program service revenue | | 711300 | 23,914. | 23,914. | | |
| g Total. Add lines 2a-2f | | | 395,696. | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,398. | | 2,398. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a OTHER INCOME | 711300 | 6,310. | | 6,310. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 6,310. | | | |
| 12 Total revenue. See instructions | | 4,813,439. | 395,696. | 0. | 8,708. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

| Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21 ... | 1,306,676. | 1,306,676. | | |
| 2 Grants and other assistance to domestic 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 | 142,894. | 118,408. | 12,017. | 12,469. |
| 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 | 840,866. | 699,001. | 69,917. | 71,948. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 119,424. | 95,942. | 11,821. | 11,661. |
| 10 Payroll taxes | 69,516. | 58,394. | 4,866. | 6,256. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,703. | 1,648. | 55. | |
| c Accounting | 17,420. | 16,853. | 567. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 377,417. | 365,127. | 12,290. | |
| 12 Advertising and promotion | 9,637. | 9,637. | | |
| 13 Office expenses | 24,620. | 24,068. | 552. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 54,462. | 52,610. | 1,852. | |
| 17 Travel | 46,486. | 42,955. | 3,531. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 1,630. | 1,238. | 392. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 10,740. | 8,950. | 1,790. | |
| 23 Insurance | 10,433. | 1,713. | 8,720. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CAPITAL CAMPAIGN EXPENS | 112,014. | | | 112,014. |
| b MISCELLANEOUS | 53,516. | 24,092. | 29,424. | |
| c TELEPHONE AND COMMUNICA | 27,742. | 24,200. | 3,542. | |
| d PRINTING AND COPYING | 27,095. | 26,783. | 312. | |
| e All other expenses _____ | 48,808. | 46,843. | 1,965. | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,303,099. | 2,925,138. | 163,613. | 214,348. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,135,623. | 1 | 2,627,515. |
| | 2 Savings and temporary cash investments | 10,833. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 2,290,516. | 3 | 2,098,278. |
| | 4 Accounts receivable, net | 58,789. | 4 | 98,999. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 28,731. | 9 | 51,047. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,067,673. | | |
| | b Less: accumulated depreciation | 10b 305,056. | | |
| | 11 Investments - publicly traded securities | 1,552,697. | 10c | 1,762,617. |
| | 12 Investments - other securities. See Part IV, line 11 | 507,057. | 11 | 509,417. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 1,963. | 14 | 1,963. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,586,209. | 15 | 7,149,836. | |
| 17 Accounts payable and accrued expenses | 63,097. | 16 | 97,752. | |
| 18 Grants payable | | 17 | | |
| 19 Deferred revenue | 7,501. | 18 | 28,377. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 1,505,827. | 22 | 1,503,583. | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 494,970. | 24 | 497,071. | |
| 26 Total liabilities. Add lines 17 through 25 | 2,071,395. | 25 | 2,126,783. | |
| 26 Total liabilities. Add lines 17 through 25 | | 26 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 657,738. | 27 | 1,396,223. |
| | 28 Temporarily restricted net assets | 2,857,076. | 28 | 3,626,830. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 3,514,814. | 33 | 5,023,053. | |
| 34 Total liabilities and net assets/fund balances | 5,586,209. | 34 | 7,149,836. | |

Part 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 | 4,813,439. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,303,099. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,510,340. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,514,814. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,101. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,023,053. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2018)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **SPRINGBOARD FOR THE ARTS** Employer identification number **41-1690483**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 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 **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2678123. | 1612401. | 1743609. | 2509265. | 1069158. | 9612556. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2678123. | 1612401. | 1743609. | 2509265. | 1069158. | 9612556. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 69,166. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 9543390. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 2678123. | 1612401. | 1743609. | 2509265. | 1069158. | 9612556. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,839. | 2,566. | 3,220. | 2,475. | 2,398. | 12,498. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 15,221. | 15,987. | 3,090. | 765. | 6,311. | 41,374. |
| 11 Total support. Add lines 7 through 10 | | | | | | 9666428. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,364,249. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.73 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 92.13 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section 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 tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section 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). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a 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? <i>If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 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 | |

| Section 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 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 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| MCKNIGHT FOUNDATION | 228,000. | 34,671. |
| MSAB | 227,824. | 34,495. |
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| Total Excess Contributions to Schedule A, Part II, Line 5 | | 69,166. |

Schedule A

Identification of Unusual Grants

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

| Contributor's Name | Description of Grant | Date of Grant | Amount |
|--------------------------------|----------------------|---------------|------------|
| MCKNIGHT FOUNDATION | CAPITAL CAMPAIGN | | 300,000. |
| DELUXE CORPORATE FOUNDATION | CAPITAL CAMPAIGN | | 5,000. |
| HARDENBERGH FOUNDATION | CAPITAL CAMPAIGN | | 350,000. |
| JOHN & JAMES KNIGHT FOUNDATION | CAPITAL CAMPAIGN | | 1,000,000. |
| TARGET FOUNDATION | CAPITAL CAMPAIGN | | 250,000. |
| KATE BARR | CAPITAL CAMPAIGN | | 10,000. |
| KAYWIN FELDMAN | CAPITAL CAMPAIGN | | 25,000. |
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| | | | |
| | | | |
| | | | 1,940,000. |

Total Unusual Grants

1,940,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

SPRINGBOARD FOR THE ARTS

Employer identification number

41-1690483

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>250,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>414,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>120,631.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>695,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>350,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| | | | |
|--|----------------------------|---|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
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| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
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| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization SPRINGBOARD FOR THE ARTS Employer identification number 41-1690483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 1,730,778. | | 1,730,778. |
| c Leasehold improvements | | 198,678. | 185,128. | 13,550. |
| d Equipment | | 138,217. | 119,928. | 18,289. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,762,617. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|-----------------|
| (1) Federal income taxes | |
| (2) FISCAL SPONSORSHIP | 497,071. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 497,071. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,515,762. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 11,100. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 11,100. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,504,662. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | 1,308,777. | |
| c | Add lines 4a and 4b | | 4c | 1,308,777. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 4,813,439. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|------------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,007,523. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 11,100. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 11,100. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,996,423. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | 1,306,676. | |
| c | Add lines 4a and 4b | | 4c | 1,306,676. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 3,303,099. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

SPRINGBOARDS FISCAL SPONSORSHIP PROGRAM IS DESIGNED TO BE AN INCUBATOR FOR SMALL ARTS AND CULTURAL ORGANIZATIONS FOUNDED BY INDIVIDUAL ARTISTS. MANY OF OUR CLIENTS EVENTUAL GOALS INCLUDE BECOMING THEIR OWN SEPARATE TAX-EXEMPT ORGANIZATION, THOUGH MANY OTHERS JUST WANT A WAY TO SOLICIT FUNDS FOR A SINGLE PROJECT OR EVENT. SMALL, UNINCORPORATED GROUPS FOUNDED BY INDIVIDUAL ARTISTS MAKE UP THE MAJORITY OF PROGRAM PARTICIPANTS, THOUGH MANY HAVE TAKEN THE FURTHER STEP OF INCORPORATING AS A NONPROFIT WITH THE STATE OF MINNESOTA. ORGANIZATIONS MUST EITHER BE BASED IN MINNESOTA OR PRODUCING A PROJECT IN MINNESOTA. FISCALLY SPONSORED PROJECTS MUST BE IN COMPLIANCE WITH OUR FEDERAL TAX-EXEMPT STATUS. COPYRIGHT AND OWNERSHIP OF INTELLECTUAL PROPERTY REMAIN WITH THE ARTISTS, AND THEY MUST INDEMNIFY

Part XIII Supplemental Information (continued)

SPRINGBOARD FROM ALL RELATED LIABILITY.

PART X, LINE 2:

SPRINGBOARD HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. SPRINGBOARDS POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS.

SPRINGBOARD CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FISCAL AGENCY SPONSORSHIP ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FISCAL AGENCY SPONSORSHIP ACTIVITY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SPRINGBOARD FOR THE ARTS** Employer identification number **41-1690483**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| DANA NELSON, DC STRATEGIES LLC - 3144 ELLIOT AVENUE, | CAPITAL CAMPAIGN FUNDRAISING | | X | 0. | 45,236. | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | 45,236. | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|------------------|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|--|-----|---|
| a The organization's facility | | 13a | % |
| b An outside facility | | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DANA NELSON, DC STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER: 3144 ELLIOT AVENUE, MINNEAPOLIS, MN 55407

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **SPRINGBOARD FOR THE ARTS** Employer identification number **41-1690483**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| DRAWING CONNECTIONS 308 E PRINCE ST ST PAUL, MN 55101 | 47-5088530 | | 11,045. | 0. | | | FISCAL AGENT ACTIVITY |
| METAMORPHOSIS OPERA 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MINNEAPOLIS SOUTHSIDE SINGERS 5212 41ST AVE S MINNEAPOLIS, MN 55417 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| POETRY FOR PEOPLE 308 E PRINCE ST ST PAUL, MN 55101 | | | 12,500. | 0. | | | FISCAL AGENT ACTIVITY |
| DEEPASHIKA 120 DIAMOND LAKE ROAD MINNEAPOLIS, MN 55419 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DEMO 619 SOUTH 10TH STREET MINNEAPOLIS, MN 55404 | 27-0615400 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** 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) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EAST METRO SYMPHONY ORCHESTRA 1949 PARIS BAY N STILLWATER, MN 55082 | 26-4073452 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ECLECTIC EDGE ENSEMBLE 7621 EDINBOROUGH WAY #2308 EDINA, MI 55435 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FLYING FORMS 15 ELIZABETH STREET ST. PAUL, MN 55107 | | | 10,000. | 0. | | | FISCAL AGENT ACTIVITY |
| FOOLS PRODUCTIONS 4244 GARFIELD AVE S MINNEAPOLIS, MN 55409 | 26-4646556 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HARBOR VIDEO 709 26TH AVE S MINNEAPOLIS, MN 55454 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| IARP 1346 WESTWOOD HILLS ROAD ST. LOUIS PARK, MN 55426 | 26-0545027 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| LOWERTOWN LOFTS 255 EAST KELLOGG BLVD ST. PAUL, MN 55101 | 41-1670244 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MARIMBA FESTIVAL 3310 PARK AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MN FASHION 3024 E. 25TH STREET MINNEAPOLIS, MN 55406 | 32-2356641 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NATIONAL POETRY SLAM 308 PRINCE STREET #311 ST. PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RARE PRODUCTIONS 2751 HENNEPIN AVE #237 MINNEAPOLIS, MN 55408 | | | 27,950. | 0. | | | FISCAL AGENT ACTIVITY |
| ROCK STAR SUPPLY COMPANY 1159 RAYMOND AVE ST. PAUL, MN 55108 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SPEAKING OF HOME 111 MARQUETTE AVE #2410 MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SUPERGROUP 3435 10TH AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE STRANGE CAPERS 1465 WEST 33RD STREET MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THEATRE NOVI MOST 580 RARIG CENTER MINNEAPOLIS, MN 55454 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WISHES FOR THE SKY 209 8TH ST E #410 ST. PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WORKS PROGRESS 2409 29TH AVE S #4 MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MINNEWOOD (RYAN STRANDJORD) 2871 HUMBOLDT AVE S #25 MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| 9X22 DANCE/LAURIE VAN WIEREN 2719 HUMBOLDT AVE S MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ARP! (TROY PIEPER) 3320 18TH AVE S #2 MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ART OF THIS 3506 NICOLLET AVE S MINNEAPOLIS, MN 55408 | 83-0473317 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ARTSVISION LOWERTOWN (CHAMATH PE 300 BROADWAY STREET ST. PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BETHANY FORD 20113RD AVE S MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BLACK DIRT THEATRE (ANDY LANGENF 12648 260TH STREET E CANNON FALLS, MN 55009 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BOX WINE THEATRE (ADAM SHARP) 601 RIDGEWOOD AVE #1 MINNEAPOLIS, MN 55403 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BRIGHT EYE PRODUCTIONS (EMMA NAD 3611 BRYANT AVE S #201 MINNEAPOLIS, MN 55409 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CAROLYN HOLBROOK 1920 1ST ST #503 MINNEAPOLIS, MN 55454 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CLASSICAL ACTORS ENSEMBLE 3021 JAMES AVE S #202 MINNEAPOLIS, MN 55408 | 27-2280819 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| COMMEDIA BEAUREGARD 1043 GRAND AVE #358 SAINT PAUL, MN 55105 | 20-8224437 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CROMULENT SHAKESPEARE COMPANY (B 1808 STEVENS AVE S #8 MINNEAPOLIS, MN 55403 | 33-1098767 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DANZA ESPANOLA (DEBORAH ELIAS) 117 MACKUBIN ST #5 ST. PAUL, MN 55102 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ECLECTIC ENSEMBLE (TIM DONAHUE) 3024 E. 25TH ST MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ELYSIUM THEATER COLLECTIVE (MIKE) 1000 E. 22ND ST MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| EMIGRANT THEATRE 614 S. 9TH STREET #202 MINNEAPOLIS, MN 55404 | 20-2718249 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ESCHATON (NANCY RANDALL) 3 EAST ST. ALBANS ROAD HOPKINS, MN 55305 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FANTASTIC MERLINS (NATHAN HANSON) 884 CHARLES AVE ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FOUR HUMORS THEATRE 3412 HARDING STREET NE MINNEAPOLIS, MN 55418 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FTF WORKS (ERIK HOOVER) 982 JESSAMINE AVE E ST. PAUL, MN 55106 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| GENEVIEVE BENNETT 3844 13TH AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| GREEN RIVER DANCE 10700 LINDO TRAIL LINDSTROM, MN 55045 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HALAU HULA 2214 RUSSELL AVE N MINNEAPOLIS, MN 55411 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HONEYWELL CONCERT BAND (HCB, INC) 1508 23RD AVE NW NEW BRIGHTON, MN 55112 | 27-1508954 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| IN THE MOMENT 308 PRINCE STREET #418 ST. PAUL, MN 55101 | | | 10,718. | 0. | | | FISCAL AGENT ACTIVITY |
| JILA NIKPAY 1814 FRANKLIN AVE SE MINNEAPOLIS, MN 55414 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LIDIA 1441 PRIMROSE CURVE ROSEVILLE, MN 55113 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAD MUNCHKIN (LAURA LEFFLER MCCA 3407 24TH AVE S MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAGGIE BERGERON AND CO 127 LEXINGTON PKWY S #6 ST. PAUL, MN 55105 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAKING IT HOME (ESTHER MALABEL) 15 WESTWOOD DRIVE SOUTH GOLDEN VALLEY, MN 55416 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MINNESOTA IRISH CULTURAL CENTER 3325 147TH STREET W ROSEMOUNT, MN 55068 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MIX (ANDY KRUEGER) 685 MARSHALL AVE ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MN CENTER FOR GLASS ARTS 2010 E HENNEPIN AVE BOX 54 BD 10 MINNEAPOLIS, MN 55413 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MN SPOKEN WORD ASSOCIATION (SHA 1224 QUINCY STREET. SUITE 140 MINNEAPOLIS, MN 55413 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MPLS.TV (CHRISTOPHER CLOUD) 2225 HARRIET AVE UPPER UNIT MINNEAPOLIS, MN 55405 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NEW NATIVE THEATER (RHIANA YAZZI 580 HOLLY AVE #1 ST. PAUL, MN 55102 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| OPERA BOB 1419 HEWITT AVE N ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PARTIZAN THEATER 4101 PLEASANT AVE S MINNEAPOLIS, MN 55409 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PEACE AND WAR IN THE HEARTLAND (225 SOUTH EAST AVE VIROQUA, WI 54665 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PENDULUM THEATRE 1023 GERANIUM AVE ST. PAUL, MN 55106 | 20-8446563 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| POWDERHORN EMPTY BOWLS (MICHAEL 3518 BLOOMINGTON AVE #3 MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PROVENTION 3609 NEWTON AVE N MINNEAPOLIS, MN 55412 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RED LETTER THEATER (DAVID HANZAL 5155 ALAMEDA ST SHOREVIEW, MN 55126 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ROSY SIMAS DANSE 913 19TH AVE SE MINNEAPOLIS, MN 55414 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RUSSIAN SOUL (DIFFERENT ADDRESS) 2635 MARSHALL ST NE MINNEAPOLIS, MN 55418 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SAVAGE AURAL HOTBED 2725 8TH STREET S MINNEAPOLIS, MN 55454 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SAVAGE UMBRELLA 3134 LINCOLN STREET NE MINNEAPOLIS, MN 55418 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SILENT-BUT-DEADLY PRODUCTIONS 1351 HAMPSHIRE AVE S #111 ST. LOUIS PARK, MN 55426 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SMOOCH PROJECT PO BOX 58044 MINNEAPOLIS, MN 55458 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SOUNDS OF HARMONY 3032 ST. CROIX TRAIL SO AFTON, MN 55001 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SPONTANEOUS COMBUSTION THEATRE 1631 MELISSA LANE WHITE BEAR LAKE, MN 55110 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| STANDING ON THE BONES/PUMA SPIRI 111 MARQUETTE AVE #1511 MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| STORY BOARD 476 LAUREL AVE ST. PAUL, MN 55102 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STORYAPOLIS 3641 45TH AVE MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| TANGO BRIDGES 1512 MINNEHAHA AVE W ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE SHOW SO GAY (CHRIS DURANT) 2606 E HENNEPIN AVE MINNEAPOLIS, MN 55413 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THREE STICKS (ANDREW LYNCH) P.O. BOX 582214 MINNEAPOLIS, MN 55458 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| UPRIGHT EGG (MATTHEW RIGGS) 509 W 22ND ST #2 MINNEAPOLIS, MN 55405 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| VOXCORDA 7221 PILLSBURY AVE S RICHFIELD, MN 55432 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| 11 703 - 10TH AVENUE N ST. CLOUD, MN 56303 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WOMEN STAND UP 4412 W LAKE HARRIET PARKWAY #201 MINNEAPOLIS, MN 55410 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| YOUNG FIDDLERS ASSOCIATION 2161 CO RD B W ROSEVILLE, MN 55113 | 68-0616295 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALAN BERKS 2703 ALDRICH AVE SOUTH, #2 MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ANCIA SAXOPHONE QUARTET 4811-35TH AVE. SOUTH MINNEAPOLIS, MN 55417 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BUCKET BRIGADE 3627 FREMONT AVE N MINNEAPOLIS, MN 55412 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BUTCH THOMPSON 923 OSCEOLA AVE ST. PAUL, MN 55105 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CARLYLE BROWN & CO. 3636 COLUMBUS AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CHAIN REACTION THEATER PROJ 9565 BENNETT PLACE EDEN PRAIRIE, MN 55347 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CONTEMPO PHYSICAL DANCE 3162 PARK OVERLOOK DRIVE SHOREVIEW, MN 55126 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DA DANCE 839 SHERBURNE ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| GRACE MINNESOTA 209 8TH STREET E #410 ST. PAUL, MN 55101 | | | 29,719. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HEBREW LESSON, THE 3351 COLUMBUS AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HOLY COW! PRESS PO BOX 3170 MOUNT ROYAL STATI DULUTH, MN 55803 | | | 10,993. | 0. | | | FISCAL AGENT ACTIVITY |
| IZUN/MIZAN 1710 VICKI LANE MENDOTA HEIGHTS, MN 55118 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| KAREN SHERMAN 3112 10TH AVE S MINNEAPOLIS, MN 55407 | | | 6,288. | 0. | | | FISCAL AGENT ACTIVITY |
| KATHY MCTAVISH 1748 WILDWOOD RD DULUTH, MN 55804 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAMA MOSAIC 4749 5TH ST NE MINNEAPOLIS, MN 55421 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MORGAN THORSON & CO. 3112 10TH AVE S MINNEAPOLIS, MN 55407 | | | 21,613. | 0. | | | FISCAL AGENT ACTIVITY |
| MOTION POEMS 38 NORTH OAKS ROAD NORTH OAKS, MN 55127 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| POINTS OF LIGHT 1783 FIELD AVE ST. PAUL, MN 55116 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| REGION ZERO 308 PRINCE STREET #522 ST. PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RHYTHMIC CIRCUS PRODUCTIONS 12333 EVERGREEN STREET NW COON RAPIDS, MN 55448 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RHYTHMICALLY SPEAKING 1395 JESSAMINE AVE W #106 ST. PAUL, MN 55108 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SISTERS BOIL, THE 4252 29TH AVE S MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SUNSETGUN PRODUCTIONS 2220 GRAND AVE S MINNEAPOLIS, MN 55405 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| VANESSA VOSKUIL 709 8TH AVE SE #8 MINNEAPOLIS, MN 55414 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| VETERANS BOOK PROJECT 3821 14TH AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| VETERANS IN THE ARTS- C PO BOX 16576 ST. PAUL, MN 55116 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WILHELM BROS. & CO. 4534 PILLSBURY AVE S MINNEAPOLIS, MN 55419 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| T2P2 810 W LAKE ST MINNEAPOLIS, MN 55408 | | | 20,100. | 0. | | | FISCAL AGENT ACTIVITY |
| ARTARIA STRING QUARTET 980 BELLOWS STREET ST PAUL, MN 55118 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE LEDGE GALLERY 1916 3RD AVE S MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WISDOM DANCES 308 E PRINCE ST ST PAUL, MN 55101 | | | 5,733. | 0. | | | FISCAL AGENT ACTIVITY |
| FORTUNE'S FOOL 2113 22ND AVE S MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| APOLLO MALE CHORUS 2418 WEST 107TH ST BLOOMINGTON, MN 55431 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MN ORCHESTRA MUSICIANS 1111 NICOLLET MALL MINNEAPOLIS, MN 55403 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WE THEATER 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MN PRISON WRITING WORKSHOP 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HOPE THEATER 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE THIRD RAIL PO BOX 96063 PORTLAND, OR 97296 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SOSPCO 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ALZHEIMERS POETRY PROJECT 290 20TH STREET #1L BROOKLYN, NY 11215 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ART SHANTY PROJECTS 2932 BRYANT AVE S MINNEAPOLIS, MN 55408 | 27-1457642 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE BAROQUE ROOM 275 E 4TH ST #280 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BODY CARTOGRAPHY 3528 10TH AVE S MINNEAPOLIS, MN 55407 | 55-4076159 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE BUOYANT GROUP 3247 LYNDAL AVE S #105 MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CATALYST PO BOX 18262 MINNEAPOLIS, MN 55418 | 57-4584428 | | 46,683. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COMO POPS 3428 ST PAUL AVE MINNEAPOLIS, MN 55416 | | | 13,101. | 0. | | | FISCAL AGENT ACTIVITY |
| COURAGEOUS HEARTS 4164 CEDAR AVE MINNEAPOLIS, MN 55407 | 46-2105289 | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DREAM SONGS PROJECT 30 WEST 22ND STREET #105 MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FRANKLIN ART WORKS 1021 E FRANKLIN AVE MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FRESHWATER THEATER 308 E PRINCE ST ST PAUL, MN 55101 | | | 5,642. | 0. | | | FISCAL AGENT ACTIVITY |
| TANGO TEACHERS' CO-OP 29847 CO. 2 BLVD FRONTENAC, MN 55026 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HOPEWELL NORTH MUSIC CO-OP 2200 FREEMONT AVE N MINNEAPOLIS, MN 55411 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE PEOPLE'S COOK 275 E 4TH ST, STE 457 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| KINSHIP OF RIVERS 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MAD KING THOMAS 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MIXED PRECIPITATION 1422 GRAND ST NE MINNEAPOLIS, MN 55413 | | | 11,584. | 0. | | | FISCAL AGENT ACTIVITY |
| FILM IN THE CITY 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PENELOPE FREEH 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PRAIRIE FIRE LADY CHOIR 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ROSY SIMAS DANSE 2721 E 42ND ST MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SOMALI A&C MUSEUM 1516 EAST LAKE ST MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THEATRE FOREVER 308 E PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| TLALNEPANTLA ARTS 308 PRINCE ST STE 270 ST PAUL, MN 55101 | | | 10,218. | 0. | | | FISCAL AGENT ACTIVITY |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TUCKUNDER PROJECTS 308 E PRINCE ST STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CRACKED WALNUT 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THE BIGGER PICTURE 308 E PRINCE ST 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CREATING LANGUAGE THROUGH THE 318 N MOORE ST ST PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SHOW BIZ MUSIC RESIDENCY 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DIAL GROUP 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55405 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ARS BELLUM FOUNDATION 1043 GRAND AVE #313 ST PAUL, MN 55105 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SECOND FIDDLE PRODUCTIONS 308 PRINCE STREET, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CELN YOLLOTL IN TLAPIZALLI 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RACHEL PERLMETER PRODUCTIONS 308 PRINCE ST ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ALZHEIMER CHORUS PROJECT 501 S 2ND ST MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ART ASAP, INC. 600 SIXTH AVENUE DES MOINES, IA 50309 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RELICS OF THE PLASTIC AGE 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| LAZY HMONG WOMAN PROD 275 4TH ST EAST, STE 482 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| 7TH HOUSE THEATER 1006 W LAKE STREET #319 MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAGPIES & RAVENS 308 PRINCE STREET, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| NEW ARAB AMER THEATRE WORKS 1501 S 4TH ST MINNEAPOLIS, MN 55454 | | | 23,561. | 0. | | | FISCAL AGENT ACTIVITY |
| SALLY ROUSSE UNLIMITED 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALTERNATIVE MOTION 5740 36TH AVE S MINNEAPOLIS, MN 55417 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CERULEAN FIRE 308 PRINCE ST, STE 270 ST PAUL, MN 55105 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SPITTING IMAGE COLLECTIVE 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SEWTROPOLIS 4755 CHICAGO AVE S MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ACME 708 1ST ST N G31 MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| ANCIA SAXOPHONE QUARTET - C 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BLUE OX MINI GOLF 1750 HENNEPIN AVE MINNEAPOLIS, MN 55403 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BODY CARTOGRAPHY 3304 EAST 24TH ST MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BUCKET BRIGADE 858 JUNO AVE ST PAUL, MN 55102 | | | 17,806. | 0. | | | FISCAL AGENT ACTIVITY |

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WONDERLUST PRODUCTIONS 3419 BLAISDELL AVE MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| HONEYWELL CONCERT BAND 308 PRINCE ST, STE 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SIX ELEMENTS 308 PRINCE ST, 270 ST PAUL, MN 55101 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WAKEMUP PRODUCTIONS 1184 MACKUBIN ST., APT. 308 ST. PAUL, MN 55117 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SCENIUS STUDIO 2925 MONTERAY ST. LOUIS PARK, MN 55416 | | | 34,415. | 0. | | | FISCAL AGENT ACTIVITY |
| REVIVAL DANCE ACADEMY 408 ELM AVE., P.O. BOX 332 WAVERLY, MN 55390 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THEATRE ELISION 3401 EAST VIA PALOMITA TUSCON, AZ 85718 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MONKEYBEAR'S HARMOLODIC WORKSHO 3836 PILLSBURY AVE. S. MINNEAPOLIS, MN 55409 | | | 61,350. | 0. | | | FISCAL AGENT ACTIVITY |
| JOURNEY PRODUCTIONS 6328 WELCOME AVE. N. MINNEAPOLIS, MN 55411 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RED BIRD THEATRE 345 CHESTER ST. MINNEAPOLIS, MN 55419 | | | 17,304. | 0. | | | FISCAL AGENT ACTIVITY |
| TEDXMINNEAPOLIS 3536 IRVING AVE. S. MINNEAPOLIS, MN 55408 | | | 43,505. | 0. | | | FISCAL AGENT ACTIVITY |
| FOR THE LOVE 2929 21ST AVE. S. UNIT 212 MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| WAVELETS CREATIVE P.O. BOX 18262 MINNEAPOLIS, MN 55418 | | | 5,219. | 0. | | | FISCAL AGENT ACTIVITY |
| TRADEMARK THEATER 2285 UNIVERSITY AVE. W. #451 ST. PAUL, MN 55114 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| NORTHSTAR CONSORT 4011 WASHBURN AVE. N. MINNEAPOLIS, MN 55412 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PRIME PRODUCTIONS 8001 VICTORIA LANE ST. LOUIS PARK, MN 55426 | | | 17,472. | 0. | | | FISCAL AGENT ACTIVITY |
| ON STAGE 2845 COLFAX AVE. S. #402 MINNEAPOLIS, MN 55408 | | | 15,393. | 0. | | | FISCAL AGENT ACTIVITY |
| NATIVE SKYWATCHERS 10375 150TH AVE. FORESTON, MN 56330 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALL ST. PAUL'S A STAGE 5428 PENN AVE. S. MINNEAPOLIS, MN 55419 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DANCECO 2801 32ND AVE. S. MINNEAPOLIS, MN 55406 | | | 20,281. | 0. | | | FISCAL AGENT ACTIVITY |
| KNOWN BY HEART 1003 BAYLESS AVE. ST. PAUL, MN 55114 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| FINAL ROUND 7376 TIMBER CREST DRIVE S. COTTAE GROVE, MN 55016 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| LIVING AND SUSTAINING BOOK TO 5700 BLAISDELL AVE. MINNEAPOLIS, MN 55419 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| OTHER TIGER PRODUCTIONS 3740 13TH AVE. S. MINNEAPOLIS, MN 55407 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| IMPOSSIBLE SALT 3328 BLAISDELL AVE. #3 MINNEAPOLIS, MN 55408 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PUBLIC FUNCTIONARY 1400 12TH AVE. NW MINNEAPOLIS, MN 55413 | | | 37,000. | 0. | | | FISCAL AGENT ACTIVITY |
| LAURA HOLWAY'S SMALL ART 3528 27TH AVE. S. MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RED WING INNOVATION INCUBATOR 312 WEST AVE. RED WING, MN 55066 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| A HILL IN NATCHEZ 2520 COLFAX AVE. S. MINNEAPOLIS, MN 55405 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RIGHT HERE COMMISIONS 3540 34 AVE. S> MINNEAPOLIS, MN 55406 | | | 9,874. | 0. | | | FISCAL AGENT ACTIVITY |
| MNKINO 2300 QUINCY ST. NE APT. 1 MINNEAPOLIS, MN 55418 | | | 9,950. | 0. | | | FISCAL AGENT ACTIVITY |
| SPARKLE THEATRICALS 2216 GARFIELD AVE. S. #101 MINNEAPOLIS, MN 55405 | | | 5,990. | 0. | | | FISCAL AGENT ACTIVITY |
| HEALING PLACE MN 1308 E. FRANKLIN, STE. 203HPC MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BOREALIS DANCE 2417 GUNFLINT TRL. BROOKLYN PARK, MN 55444 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| LOFTRECITAL 720 4TH ST. N. #702 MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| TRANSATLANTIC LOVE AFFAIR 1798 ASHLAND AVE #7 ST. PAUL, MN 55104 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ARTS GARDEN 4513 GARDEN WAY N. HUGO, MN 55038 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| CAN CAN WONDERLAND 421 OSCEOLA AVE. ST. PAUL, MN 55102 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DANS ASKINA TURKISH DANCE 5818 HALIFAX AVE N BROOKLYN CENTER, MN 55429 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| GADFLY THEATER PRODUCTIONS 22 UNIVERSITY AVE. NE #303 MINNEAPOLIS, MN 55413 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PUBLIC INTEREST, INC. 111 MARQUETTE AVE. #2608 MINNEAPOLIS, MN 55401 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MAIA MAIDEN PRODUCTIONS 7614 16TH AVE. S. RICHFIELD, MN 55423 | | | 15,083. | 0. | | | FISCAL AGENT ACTIVITY |
| MN HARD BOP COLLECTIVE 1344 MISSISSIPPI RIVERBLVD.S. ST. PAUL, MN 55116 | | | 10,000. | 0. | | | FISCAL AGENT ACTIVITY |
| TURTLE THEATER COLLECTIVE 5412 43RD AVE. S. MINNEAPOLIS, MN 55417 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| PICASSO PROJECTS 400 2ND ST. SE #108 MINNEAPOLIS, MN 55414 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ORCHARD THEATER COLLECTIVE 412 CEDAR AVE. S. APT. 4 MINNEAPOLIS, MN 55454 | | | 14,438. | 0. | | | FISCAL AGENT ACTIVITY |
| BIG TURN MUSIC FESTIVAL 227 E. 4TH ST. WINONA, MN 55987 | | | 43,000. | 0. | | | FISCAL AGENT ACTIVITY |
| MILLION ARTIST MOVEMENT 887 RAYMOND AVE. UPPER ST. PAUL, MN 55114 | | | 10,500. | 0. | | | FISCAL AGENT ACTIVITY |
| CIALUNA STORYDANCE THEATRE 1661 LONGVIEW DR. ST. PAUL, MN 55112 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| BLACK MARKET 3538 PILLSBURY AVE. S. MINNEAPOLIS, MN 55408 | | | 42,000. | 0. | | | FISCAL AGENT ACTIVITY |
| TWIN CITIES FLAMENCO COLLECTI 9 W. FRANKLIN AVE. S.301 MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| SOUL OF AMERICA 25 LUVERNE AVE. S. MINNEAPOLIS, MN 55419 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MOVEMENT ARCHITECTURE 653 GALTIER STREET, #111 ST. PAUL, MN 55103 | | | 12,902. | 0. | | | FISCAL AGENT ACTIVITY |
| VOICES OF HOPE 4122 BLAISDELL AVE. S. MINNEAPOLIS, MN 55409 | | | 19,949. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STYLUS 463 LAFOND AVE. ST. PAUL, MN 55103 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| MINNESHOWTA 19595 NIDAROS CHURCH DR. CLITHERALL, MN 56524 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| DEANNE JOY MINISTRIES 7023 CLEARWATER RD. APT. 108 BAXTER, MN 56425 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| INTERNATIONAL CELLO INSTITUTE 804 IVANHOE DR. NORTHFIELD, MN 55057 | | | 15,952. | 0. | | | FISCAL AGENT ACTIVITY |
| PLATFORM 20945 RADISSON RD. EXCELSIOR, MN 55331 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| COLLECTIVE UNCONSCIOUS 3315 34TH AVE. S. MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| THEATRE COUP D'ETAT 2443 3RD AVE. S. C15 MINNEAPOLIS, MN 55404 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| RAW SUGAR 2012 31ST AVE. S. MINNEAPOLIS, MN 55406 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| JEFFREY PETERSON DANCE 5 RITTENHOUSE PLACE, #21 ARDMORE, PA 19003 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| KALEENA MILLER DANCE 2648 CLINTON AVE. MINNEAPOLIS, MN 55409 | | | 6,298. | 0. | | | FISCAL AGENT ACTIVITY |
| WLDNRSS 1921 BENJAMIN ST. NE MINNEAPOLIS, MN 55418 | | | 0. | 0. | | | FISCAL AGENT ACTIVITY |
| OPERATUNITY THEATRE 201 WATER ST N STILLWATER, MN 55082 | | | 5,312. | 0. | | | FISCAL AGENT ACTIVITY |
| WILDLING, THE 4110 UPTON AVE S MINNEAPOLIS, MN 55410 | 82-2354088 | | 20,700. | 0. | | | FISCAL AGENT ACTIVITY |
| TRU RUTS ENDEAVORS 308 PRINCE STREET, STE 270 ST.PAUL, MN 55101 | | | 9,700. | 0. | | | FISCAL AGENT ACTIVITY |
| ONE EARTH UNITED 772 101ST AVE N NAPLES, FL 34108 | 47-3941560 | | 19,300. | 0. | | | FISCAL AGENT ACTIVITY |
| THEATRE 55 976 GOODRICH AVE #3 ST. PAUL, MN 55105 | | | 22,702. | 0. | | | FISCAL AGENT ACTIVITY |
| IMPROV PARENTING 2019 FREMONT AVE S MINNEAPOLIS, MN 55405 | 47-2880688 | | 6,104. | 0. | | | FISCAL AGENT ACTIVITY |
| E/D LLC 315 MAIN STREET SE #605 MINNEAPOLIS, MN 55414 | 84-3319483 | | 6,874. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BALLET CO. LABORATORY 276 E LAFAYETTE FRONTAGE RD ST. PAUL, MN 55107 | | | 14,824. | 0. | | | FISCAL AGENT ACTIVITY |
| BAND GROUP, THE | | | 10,848. | 0. | | | FISCAL AGENT ACTIVITY |
| ARBEIT OPERA THEATRE 75 ORLIN AVE. SE MINNEAPOLIS, MN 55414 | 47-6210660 | | 16,896. | 0. | | | FISCAL AGENT ACTIVITY |
| PERILOUS PRINTING 24220 SPUR TRAIL SPICEWOOD, TX 78669 | | | 27,500. | 0. | | | FISCAL AGENT ACTIVITY |
| RACING AGE | | | 25,094. | 0. | | | FISCAL AGENT ACTIVITY |
| APIA MN 7715 STAFFORD TRAIL SAVAGE, MN 55378 | 81-2656047 | | 37,846. | 0. | | | FISCAL AGENT ACTIVITY |
| FUNNY ASIAN WOMEN KOLLECTIVE 685 RIVOLI ST ST.PAUL, MN 55130 | 83-0635886 | | 47,700. | 0. | | | FISCAL AGENT ACTIVITY |
| RONDO FAMILY REUNION 308 PRINCE STREET, STE 270 ST.PAUL, MN 55101 | | | 9,670. | 0. | | | FISCAL AGENT ACTIVITY |
| SHEEP THEATER 1265 WEST COMO BLVD ST.PAUL, MN 55103 | 46-9252378 | | 6,915. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 10TH WAVE 640 KNIGHTS BRIDGE RD. NEW BRIGHTON, MN 55112 | 82-5375612 | | 10,840. | 0. | | | FISCAL AGENT ACTIVITY |
| EMERGING CURATORS INSTITUTE 3957 15TH AVE S MINNEAPOLIS, MN 55407 | 83-4640140 | | 19,300. | 0. | | | FISCAL AGENT ACTIVITY |
| UNDERGROUND MEDIA COLLECTIVE 2822 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55408 | | | 7,863. | 0. | | | FISCAL AGENT ACTIVITY |
| PERSISTENT THEATRE PRODUCTIONS 1564 SELBY AVENUE #7 ST.PAUL, MN 55104 | 39-2040165 | | 6,075. | 0. | | | FISCAL AGENT ACTIVITY |
| PATRICK SCULLY PRODUCTIONS 107 W. ISLAND AVE. #2 MINNEAPOLIS, MN 55401 | 47-3664066 | | 11,317. | 0. | | | FISCAL AGENT ACTIVITY |
| LUMIN THEATER LAB 718 TYLER ST HASTINGS, MN 55033 | 81-5058768 | | 10,946. | 0. | | | FISCAL AGENT ACTIVITY |
| JENSON DANCE 1491 N MILPITAS BLVD MILPITAS, CA 95035 | | | 10,000. | 0. | | | FISCAL AGENT ACTIVITY |
| SIGMA'S BOOKSHELF 13540 KNOLLWAY DRIVE NORTH MINNETONKA, MN 55305 | 27-1834391 | | 5,570. | 0. | | | FISCAL AGENT ACTIVITY |
| COW TIPPING PRESS 509 BROADWAY STREET NE #2 MINNEAPOLIS, MN 55413 | 81-2431227 | | 9,053. | 0. | | | FISCAL AGENT ACTIVITY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WE ARE ALL CONNECTED 619 BUCHANAN ST. NE MINNEAPOLIS, MN 55413 | 47-0179131 | | 5,021. | 0. | | | FISCAL AGENT ACTIVITY |
| SOD HOUSE THEATER 2613 30TH AVE NE ST ANTHONY, MN 55418 | | | 5,642. | 0. | | | FISCAL AGENT ACTIVITY |
| UMBRELLA COLLECTIVE 3048 12TH AVE S. APT 3 MINNEAPOLIS, MN 55407 | 83-3844886 | | 20,607. | 0. | | | FISCAL AGENT ACTIVITY |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III **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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SPRINGBOARD FOR THE ARTS

Employer identification number

41-1690483

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SPRINGBOARD FOR THE ARTS

Employer identification number

41-1690483

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEY NEED TO MAKE A LIVING AND A LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPRINGBOARD FOR THE ARTS SUPPORTS ARTISTS' HEALTHCARE THROUGH SEVERAL PROGRAMS. ARTISTS' ACCESS TO HEALTHCARE (AAH) REMOVES FINANCIAL AND SYSTEM NAVIGATION BARRIERS FOR ARTISTS AND THEIR FAMILIES. AAH PROVIDES ARTISTS WITH VOUCHERS TO COVER THE COST OF MEDICAL, DENTAL AND MENTAL HEALTH SERVICES. THROUGH VOUCHERS, MNSURE NAVIGATION, AND RESOURCE DISTRIBUTION, SPRINGBOARD OFFERED 2,038 HEALTHCARE REFERRALS IN FY19. THE EMERGENCY RELIEF FUND (ERF) PROVIDED SMALL MONETARY SUPPORT FOR 16 ARTISTS WHO HAVE CAREER-THREATENING EMERGENCIES OR TO USE THEIR ART TO RESPOND TO COMMUNITY EMERGENCIES. IN FY19 SPRINGBOARD FOR THE ARTS' PROFESSIONAL DEVELOPMENT PROGRAMS SERVED 2,461 INDIVIDUAL ARTISTS AND COMMUNITY MEMBERS THROUGH WORKSHOPS, ONE-ON-ONE CONSULTING AND PARTICIPATION AT LEADING CONFERENCES BOTH LOCALLY AND NATIONALLY. SPRINGBOARD FOR THE ARTS PRESENTED: 97 WORKSHOPS ON BUSINESS SKILLS FOR ARTISTS AND PROFESSIONAL DEVELOPMENT, 190 INDIVIDUAL CONSULTATIONS, AND PRESENTED AT CONFERENCES LOCALLY AND NATIONALLY HIGHLIGHTING OUR CONTENT, ARTIST SERVICES, AND MISSION. THROUGH A NEW PARTNERSHIP WITH AN INDEPENDENT MICROLENDING PLATFORM, SPRINGBOARD SUCCESSFULLY SUPPORTED SIX NEW ARTIST ENTREPRENEUR PROJECTS TO SECURE SMALL BUSINESS LOANS. IN FY19, SPRINGBOARD FOR THE ARTS ALSO EXPANDED OUR POOL OF ARTIST CAREER CONSULTANTS AND WORK OF ART WORKSHOP FACILITATORS TO REACH BROADER COMMUNITIES, AUDIENCES AND PARTNERS.

| | |
|--|--|
| Name of the organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
|--|--|

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUR COMMUNITY DEVELOPMENT PROGRAM ORGANIZES AND EMPOWERS ARTISTS TO BUILD RECIPROCAL RELATIONSHIPS WITH THEIR COMMUNITIES, RESULTING IN VIBRANT, CREATIVE, EQUITABLE PLACES. WE PROVIDE CATALYTIC WORKSHOPS, TRAININGS AND PROJECT MANAGEMENT IN PARTNERSHIP WITH CITY GOVERNMENTS, NEIGHBORHOOD ORGANIZATIONS, PRIVATE INSTITUTIONS AND OTHER GROUPS THAT WISH TO ENGAGE ARTISTS IN COMMUNITY BUILDING, ECONOMIC DEVELOPMENT, CREATIVE PLACEMAKING AND INNOVATIVE PROBLEM-SOLVING. BY ADDRESSING OPPORTUNITIES AND CHALLENGES ASSOCIATED WITH CHANGE LOCALLY IN MINNESOTA, WE ALSO CREATE CUSTOMIZABLE MODES FOR COMMUNITY COMMUNITIES NATIONALLY. IN FY19, WE DIRECTLY SUPPORTED OVER 60 ARTISTS TO IMPLEMENT PROJECTS OR ACTIVITIES, AND TRAINED (HALF DAY TO 2 DAY LONG WORKSHOPS) 150 ARTISTS IN COLLABORATION AND COMMUNITY DEVELOPMENT. THEIR PROJECTS THEMSELVES INVOLVED MORE ARTISTS AND VOLUNTEERS, AND TOUCHED THOUSANDS OF VIEWERS AND PARTICIPANTS. WE PRESENTED OUR STRATEGIES AND LEARNINGS TO OVER 700 COMMUNITY DEVELOPMENT PROFESSIONALS (APPROXIMATELY 25% ARTISTS) THROUGH CONFERENCE AND OTHER PRESENTATIONS.

SPRINGBOARD FOR THE ARTS' NATIONAL PROGRAM INCLUDES CREATIVE EXCHANGE, AN ONLINE NETWORK OF SUPPORT FOR ARTISTS AND ARTS ORGANIZATIONS THROUGH REPLICATION TOOLKITS AND ARTIST PROJECT PROFILES. REPLICATION TOOLKITS INCLUDE SPRINGBOARD PROGRAMS SUCH AS WORK OF ART, GUIDES TO CREATIVE PLACEMAKING, COMMUNITY SUPPORTED ART, ARTISTS' HEALTH FAIR AND ARTIST-LED COMMUNITY DEVELOPMENT, AS WELL AS PARTNER TOOLKITS AROUND CREATIVE USE OF VACANT RETAIL SPACE, ARTIST-ENGAGED COMMUNITY PLANNING, RUNNING GALLERIES, PUBLIC ART, AND ARTIST-LED COMMUNITY PROJECTS. WE FACILITATE COMMISSIONING AND SUPPORT FOR NEW TOOLKITS THROUGH CREATIVE EXCHANGE. CREATIVE EXCHANGE ALSO FACILITATES BUILDING NETWORKS THROUGH ORGANIZING CONVENINGS AND SUPPORTING THE COMMISSION OF NEW TOOLKITS.

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| Name of the organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
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SINCE ITS LAUNCH IN MARCH 2014, CREATIVE EXCHANGE HAS PUBLISHED OVER 390 ARTIST PROFILES & SPECIAL FEATURES, AND SHARED OVER 8,000 TOOLKITS. SPRINGBOARD OFFERS WORKSHOP INTENSIVES IN LEADING THE WORK OF ART: BUSINESS SKILLS FOR ARTISTS CURRICULUM AND IN ARTIST-LED COMMUNITY DEVELOPMENT PRACTICES AS PART OF THE NATIONAL PROGRAM, AND OFFERS SPEAKING, CONSULTING, AND WORKSHOPS NATIONALLY.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - FULL BOARD OF DIRECTORS REVIEWS BOTH THE 990 AND AUDIT AND VOTES TO APPROVE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD & STAFF SIGN ANNUAL CONFLICT OF INTEREST DISCLOSURE AGREEMENT. FULL BOARD OF DIRECTORS APPROVES OR DENIES BOARD MEMBERS & STAFF TO ACT WHEN THERE IS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE USES THE MN COUNCIL OF NONPROFITS' SALARY & BENEFIT SURVEY TO DETERMINE COMPARABLE DATA AND MAKES AN ANNUAL RECOMMENDATION. THE EXECUTIVE COMMITTEE USES THE MN COUNCIL OF NONPROFITS' SALARY & BENEFIT SURVEY TO DETERMINE COMPARABLE DATA AND MAKES AN ANNUAL RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

BY REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

365,127.

| | |
|--|--|
| Name of the organization SPRINGBOARD FOR THE ARTS | Employer identification number 41-1690483 |
|--|--|

| | |
|--|----------|
| MANAGEMENT AND GENERAL EXPENSES | 12,290. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 377,417. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 377,417. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|-----------------------------|---------|
| FISCAL SPONSORSHIP ACTIVITY | -2,101. |
|-----------------------------|---------|

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. SPRINGBOARD FOR THE ARTS | Employer identification number (EIN) or 41-1690483 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 262 UNIVERSITY AVENUE WEST | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT PAUL, MN 55103 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

LAURA ZABEL

- The books are in the care of ▶ **308 E PRINCE STREET, - SAINT PAUL, MN 55101**
Telephone No. ▶ **651-292-4381** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018** , and ending **JUN 30, 2019** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.