## Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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	2017 calend	dar year, or tax year begin	ning 7/0	01	, 2017	, and endin	g 6/30	<b>*</b>	2018
В	Check if ap	pplicable:	С	in the second se						fication number
	Addre	ess change	SPRINGBOARD FOR	THE ARTS	S				41-1690	483
	Name	e change	308 E PRINCE STR						Telephone numb	
	$\vdash$	l return	SAINT PAUL, MN 5	5101					651-292	-/3Q1
	<del></del>	return/terminated						-	031 232	430T
	-	nded return						ر م ا	Gross receipts	\$ 2,829,484.
	$\vdash$	ication pending	F Name and address of principa	l officer: Tar	7D3	5177 1717		H(a) Is this a grou	····	
	Пуррис	, -1	308 PRINCE ST. #	ንፖር ሮሞ ፤	JRA ZIMME. Dalit Mai	KMANN EE101		1 ''	•	
	Tay-ovo	empt status	X 501(c)(3) 501(c) (			4947(a)(1) o	or 527	H(b) Are all subor If 'No,' attach	a list. (see ins	tructions)
<u>'</u>	Websi	·	W.SPRINGBOARDFOR			4347(a)(1) U	1 527			
<del>к</del>			Table 1					H(c) Group exemp		
		f organization:		Association	Other ►		Year of format	ion: 1991	W State of I	egal domicile: MN
Г		Summar		ion or most	significant act	ivition: IIIO	CITT MTTT	ADD VITODA	NT COM	INTERTO DI
	E	ONINE CTT	be the organization's missi	PUTE CETT	TC TNEO	DWATE O	COLITY	ATE VIBRA	NT COMM	ONITIES BY
Activities & Governance			NG ARTISTS WITH T	TUG DVII	TO' TNEO	KMATTO	M' WND ?	PEKATCEP .	THEX ME	TO TO MAKE A
Ta'	1 1	TATING W	ND W FILE:							
Ver	2 0	heck this ho	if the organizatio	n discontinu	ed its operation	one or die	nosed of mo	ore than 25%	of its not as	
တ္	3 Nu	umber of vo	ting members of the gover	rnina bodv (	Part VI. line 1	a)			3	12
∘ઇ	4 Nu	umber of inc	dependent voting members	s of the gov	erning body (f	Part VI, lin	ne 1b)		4	12
ţį	<b>5</b> To	otal number	of individuals employed in	n calendar y	ear 2017 (Par	t V, line 2	a)		5	20
ij			of volunteers (estimate if							42
Ą			ed business revenue from I							0.
	<b>b</b> Ne	et unrelated	business taxable income	from Form 9	990-T, line 34				7b	0.
								Prior		Current Year
<u>a</u>			and grants (Part VIII, line						75,215.	2,509,265.
ᇎ			ice revenue (Part VIII, line						39,885.	<u>316,979.</u>
Revenue			come (Part VIII, column (/						3,220.	2,475.
ш.	1		e (Part VIII, column (A), lir			•			5,490.	765.
			- add lines 8 through 11					<del></del>	23,810.	2,829,484.
	ì		milar amounts paid (Part I						L9,688.	1,084,406.
	l		to or for members (Part I)	•						
S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								14,666.	978,080.
ūše	<b>16a</b> Pr	rofessional f	fundraising fees (Part IX, o	column (A),	line 11e)					
Expenses	. <b>b</b> To	otal fundrais	ing expenses (Part IX, col	lumn (D), lin	ne 25) 🟲		21,009.			
ú	<b>17</b> Ot	ther expens	es (Part IX, column (A), li	nes 11a-11d	l, 11f-24e)			. 70	54,620.	751,601.
	<b>18</b> To	otal expense	es. Add lines 13-17 (must o	equal Part I	X, column (A)	, line 25)			28,974.	2,814,087.
	<b>19</b> Re	evenue less	expenses. Subtract line 1	8 from line	12				94,836.	15,397.
b 8							******	Beginning of		End of Year
lançis	<b>20</b> To	otal assets (	Part X, line 16)						59,054.	5,586,209.
AB	<b>21</b> To	otal liabilities	s (Part X, line 26)						26,180.	2,071,395.
Net Assets or Fund Balances	<b>22</b> Ne	et assets or	fund balances. Subtract li	ne 21 from	line 20				32,874.	3,514,814.
		Signature						J J 10	22/0/11	3,314,014.
				ırn including ac	companying sched	ules and state	ements and to	the hest of my kno	wledge and heli	ef it is true correct and
comp	lete. Decla	aration of prepar	clare that I have examined this return (other than officer) is based on a	all information of	of which preparer h	as any knowl	edge.	old dost of my fall	, I	or, it is add, correct, and
								13	12/11	7
Sic	ın	Signatur	e of officer					Date	1	
Sig He	re	LAUF	RA ZIMMERMANN					PRESIDE	NT	
			print name and title		<del></del>			11(11)11		TO THE PROPERTY OF THE PROPERT
		Print/Type pr	reparer's name	Preparer's sig	nature		Date ,	Chec	k if	PTIN
Pai	d	NEAL O	EVERT, CPA		1/1/1	7	3/12	1		P00046853
	parer	Firm's name		RT & AS	SOCZATES	-	1-11-2	<i>/</i> · · ·		
Us	e Only				#940			Firm'	s EIN ► 41 ·	-1534805
			BLOOMINGTON,	MN 5543					e no. (952	· · · · · · · · · · · · · · · · · · ·
Mav	the IRS	discuss thi	s return with the preparer			uctions).				X Yes No

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

) (Revenue \$

4e Total program service expenses ►

2,676,659.

Form 990 (2017) SPRINGBOARD FOR THE ARTS

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

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
١	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
-	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
l	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV.	28b		Х
•	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	Х	

Form 990 (2017) SPRINGBOARD FOR THE ARTS

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			118				
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		busil)	-17				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.							
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х					
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			Pig-				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х				
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶	THE R	1 15					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1						
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	_	X				
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	_	Х				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х				
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	uy:	х				
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring							
organization have excess business holdings at any time during the year?	8	-	-				
9 Sponsoring organizations maintaining donor advised funds.		-					
a Did the sponsoring organization make any taxable distributions under section 4966?	_	+	-				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь						
10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12							
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	- 119						
	-						
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders		5.0					
	-						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	124						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	- 191						
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	-					
Note. See the instructions for additional information the organization must report on Schedule O.	130						
	1 4	-	1 8				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	_	_	- 1				
#	1 14 1		1				

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.

Sec	tion A. Governing Body and Management			
	Y b		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 12  If there are material differences in voting rights among members	- , -		71.17
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		en le	115
			4	- 0
	Enter the number of voting members included in line 1a, above, who are independent 1b 12  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		51.5	34
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5		X
6 7=	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more	0		_^
, ,	members of the governing body?	7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following:		v	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8 a	X	
۰	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		_
3	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Ci	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
t	of Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
11.	operations are consistent with the organization's exempt purposes?	10b	Х	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	114		To I
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	1		
	to conflicts?ss. same actions of the conflicts and the conflict and the	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	10-	v	
12	Did the organization have a written whistleblower policy?	12 c	X	-
	Did the organization have a written document retention and destruction policy?	14	X	-
15		17	Ĥ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE . 0	15 a	Х	
k	Other officers or key employees of the organization SEE . SCHEDULE . O	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			100
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed ► MN	1000-01200		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s only)	avail	able
	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 public during the tax year.  SEE SCHEDULE O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LAURA ZABEL 308 E PRINCE STREET. SAINT PAUL MN 55101 651-292-4381			

Form 990 (2017)	SPRINGBOARD	EOD	mitr	3 DID
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## Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 relat	ea organiz	ation	con		_	a any	y cu	rrent oπicer, direct	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	l .	aır	ector.	/truste			(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JEROME RAWLS	2									
SECRETARY	0	X		X				0.	0.	0.
(2) GRETA BAUER REYES	1									
DIRECTOR	0	X						0.	o.	0.
(3) KELLY ASCHE	1									
TREASURER	0	X		Х		2.2		0.	0	0
(4) BEN BONESTROO	1		П							
DIRECTOR	0	X						0.	0.	0.
(5) NOEL NIX	2									
VICE PRESIDENT	0	1 x		Х				0.	0.	0.
(6) AMELIA BROWN	1									
DIRECTOR	0	X						0.	0.	0.
(7) REBEKAH CRISTANA DE YBARRA	1									
DIRECTOR	0	X						0.	0.	0.
(8) LAURA ZIMMERMANN	1		П							
PRESIDENT	0	X		Х				0.	0.	0.
(9) JEREMY B. COHEN	1									
AT-LARGE	0	X		Х				0.	0.	0.
(10) BO THAO-URABE	1									,
DIRECTOR	0	X						0.	0.	0.
(11) VA-MEGN THOJ	1									
DIRECTOR	0	X						0.	0.	0.
(12) LAURA ZABEL	40									
EXECUTIVE DIR.	0			Х				122,062.	0.	9,561.
(13)										
(14)							-			
				1	1					

Part VII   Section A. Officers, Directors, Tr	ustees,	Key	Em	plq	oye	es, a	anc	Highest Com	pensated Empl	oyees	(continued)
111	(B)			((							
(A) Name and title	Average hours per	I DOX	, unie	ess de	erson	than is both	n an I	(D) Reportable compensation from	(E)  Reportable compensation from	Est	( <b>F)</b> imated nt of other
	week (list any	-	_			PER PROPERTY.		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp	ensation m the
	hours for related	or director	itutic	Officer	Key employee	hest i ploye	Former			and	nization related nizations
	organiza tions	12 E	mal t		Joye	e omp				organ	IIZALIO IIS
	below dotted line)	stee	Institutional trustee		G)	Highest compensated employee					
(15)											
(16)	<del></del>	8									
(17)											
(18)											<del>`</del>
(19)											
(20)											
(21)											
(22)											
(23)							×				
(24)											
(25)											
1 b Sub-total							•	122,062.	0.		9,561.
c Total from continuation sheets to Part VII, Sect							•	0.	0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite from the organization ▶ 1						_	ived	122,062. more than \$100,00	0. 00 of reportable comp	ensation	9,561.
Tom the organization											Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, or tru ch individi	ustee ual	, ke	y en	nplo	yee,	or h	highest compensa	ted employee	. 3	х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	ter than \$1	150,0	00?	If "	Yes,	' con	l oth	ner compensation ete Schedule J for	from		The state of the s
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye</li> </ul>	ue compe	nsatio	on fi	rom	anv	unre	elate	ed organization or	individual	5	X
Section B. Independent Contractors	s, compi	210 0	0,100	aurc	3 10	,, <u>30</u>	CII p	ocraoni			A
<ol> <li>Complete this table for your five highest compe compensation from the organization. Report compe</li> </ol>	nsated inc nsation for	lepen the c	iden aler	nt co ndar	ntra yea	ctors endi	tha ing v	at received more t with or within the or	han \$100,000 of ganization's tax year	<u> </u>	
Name and business ad	dress		_					Description	of services	Compe	s) nsation
2. Total number of independent controllers (including	hud mad line	1 1-04	م ال	00.5	liate	d c L -		who reconstruct are an	thon		
2 Total number of independent contractors (including \$100,000 of compensation from the organization		med t	U (N	ose	uste	u abc	ve)	wito received more	: ulali		
ВАА	<u> </u>	TEEA	01081	L 08/	/08/17	,				Form	990 (2017)

## Form 990 (2017) SPRINGBOARD FOR THE ARTS 41-1690483 Page 9 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) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns....... 1 a 485,872 **b** Membership dues..... 1 b c Fundraising events 1 c 1 d d Related organizations..... e Government grants (contributions).... 1 e 257,405 f All other contributions, gifts, grants, and similar amounts not included above 1f ,765,988 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f.... 2,509,265 Program Service Revenue **Business Code** 2 a PROJECT MANAGEMENT 711300 147,932 147,932 b FISCAL SPONSORSHIP 711300 75,656 75,656 711300 36,708 36,708 C RESOURCE CTR 25,075 711300 25,075 d CONTRACT WORKSHOPS e CONSULTATION AND SPEAKING 711300 22.227 22,227 f All other program service revenue .... 9,381 9,381 WKS g Total. Add lines 2a-2f..... 316,979. Investment income (including dividends, interest and other similar amounts) 2,475. 2,475. Income from investment of tax-exempt bond proceeds. > Royalties (i) Real (ii) Personal b Less: rental expenses. c Rental income or (loss).... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses. c Gain or (loss) ..... d Net gain or (loss).... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). **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 **b** Less: cost of goods sold . . . . . . . . . . . b c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11a OTHER INCOME 711300 765 765.

d All other revenue.....

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

2,829

765

484

316,979

3,240

0.

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 ... (D) (B) (C) Do not include amounts reported on lines Total expenses Fundraising rogram service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21... 1,084,406 1,084,406 Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees 131,623 119,296 11,010 1,317. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). O 0 0. Other salaries and wages..... 681,603 620,491 54,296 6,816. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... Other employee benefits..... 98,338 91,730 5,625 983. 10 Payroll taxes..... 54,970 66,516 10,881. 665. 11 Fees for services (non-employees): 1,703 1,653 50 c Accounting 17,419 515 16,904 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 Schedule 0.SCH. 13,225 447,039 433,814 13,708. Advertising and promotion..... 13,698 10 Office expenses..... 13 50,729. 46,150. 148. 4,431 Information technology 13,474. 12,427. 1,047. 15 Royalties 52,372 49,798 2,574 **17** Travel..... 49,116. 47,807 1,309 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... Interest..... 9,419. 4,704 4,715 Payments to affiliates.... 22 Depreciation, depletion, and amortization.... 20,000 16,665 3,335 6,131 23 5,110 1,021 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 MEALS AND ENTERTAINMENT 21,695 21,453 242 b GRANT EXPENSE 11,849 11,849 c DUES & SUBSCRIPTIONS 9,089 7,968 1,121 8,115. d CAPITAL CAMPAIGN EXPENSES 8,115 e All other expenses 19,743 15,766 1,012 2,965. 25 Total functional expenses. Add lines 1 through 24e . . . 2,814,087 2,676,659 116,419 21,009. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following

SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		E842.003	*****
		is the state of th	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	714,172.	1	1,135,623.
	2	Savings and temporary cash investments	160,675.	2	10,833.
	3	Pledges and grants receivable, net	2,487,764.	3	2,290,516.
	4	Accounts receivable, net	17,503.	4	58,789.
	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 instructions). Complete Part II of Schedule L		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	29,541.	9	28,731.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	23,011.		20,731.
	b	Less: accumulated depreciation	41,186.	10 c	1,552,697.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11.	606,250.	12	507,057.
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	1,963.	15	1,963.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,059,054.	16	5,586,209.
	17	Accounts payable and accrued expenses	45,813.	17	63,097.
	18	Grants payable		18	
	19	Deferred revenue	18,855.	19	7,501.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	1,505,827.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	561,512.	25	494,970.
_	26	Total liabilities. Add lines 17 through 25	626,180.	26	2,071,395.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	657,738.
Bal	28	Temporarily restricted net assets	2,856,156.	28	2,857,076.
פַ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
fet	33	Total net assets or fund balances	3,432,874.	33	3,514,814.
	34	Total liabilities and net assets/fund balances	4,059,054.	34	5,586,209.
BA	A				Form <b>990</b> (2017)

Form 990 (2017) SPRINGBOA	ARD FOR THE ARTS	41-	1690483		Pa	ge <b>12</b>	
Part XI Reconciliation of	Net Assets						
	contains a response or note to any line in this Par					. X	
1 Total revenue (must equal F	Part VIII, column (A), line 12).		1	2,82	29,4	84.	
2 Total expenses (must equal	Part IX, column (A), line 25)	**************************************	2	2,81			
3 Revenue less expenses. Sul	btract line 2 from line 1	*****	3	15,397.			
4 Net assets or fund balances	at beginning of year (must equal Part X, line 33,	column (A))	4	3,43			
5 Net unrealized gains (losses	s) on investments		5				
6 Donated services and use o	f facilities		6				
7 Investment expenses			7				
8 Prior period adjustments	· · · · · · · · · · · · · · · · · · ·		8				
9 Other changes in net assets	s or fund balances (explain in Schedule O)SEE.	SCHEDULE O	9	- (	66.5	43.	
10 Net assets or fund balances a	t end of year. Combine lines 3 through 9 (must equal	Part X, line 33,	10	3,51			
Part XII Financial Stateme			10	3,3.	14,0	114	
Check if Schedule O	contains a response or note to any line in this Pa	rt XII.					
1 Accounting method used to		Other			Yes	No	
in Schedule O.	its method of accounting from a prior year or che	cked Other, explain			117		
2 a Were the organization's fina	ancial statements compiled or reviewed by an inde	ependent accountant?		2a		Х	
separate basis, consolidated Separate basis	Consolidated basis Both consolidated and	d separate basis					
_	ancial statements audited by an independent acco			2 b	Х		
basis, consolidated basis, o	to indicate whether the financial statements for the rooth:  Consolidated basis  Both consolidated an		ate				
c If 'Yes' to line 2a or 2b, does review, or compilation of its	the organization have a committee that assumes resp financial statements and selection of an indepen	onsibility for oversight of the audit dent accountant?. []		2 c	Х		
in Schedule O.	either its oversight process or selection process of			War I			
3a As a result of a federal award Audit Act and OMB Circular	, was the organization required to undergo an audit of A-133?	r audits as set forth in the Single		3 a		х	
	undergo the required audit or audits? If the organization shedule O and describe any steps taken to underg			3 b			
BAA				Form	ggn	(2017)	

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

SPR	INC	GBOARD FOR THE ARTS					41-169048					
Par		Reason for Public Cha						tions.				
The c	rga	nization is not a private found				0.000	20/2540 L11/8/0					
1	Ц	A church, convention of churche					).					
2	Ц	A school described in section 1										
3	Ц	A hospital or a cooperative h					• • •					
4		A medical research organizat	ion operated in conju	nction with a hospital o	describe	d in <b>sec</b>	tion 1 <b>70(b)(1)(A)(</b> iii). E	Enter the hospital's				
_		name, city, and state:										
5		An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a collemn mplete Part II.)	ge or university owned	or opera	ated by	a governmental unit d	escribed in				
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
•	X	An organization that normally roin section 170(b)(1)(A)(vi).	Complete Part II.)			ental uni	t or from the general pu	blic described				
8	Ш	A community trust described	in <b>section 170(b)(1)(</b>	<b>A)(vi).</b> (Complete Part I	1.)							
9		An agricultural research organizer university or a non-land-granuniversity:										
10	П											
10	Ш	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  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											
b		Type II. A supporting organiz	ation supervised or c	ontrolled in connection	with its	support	ed organization(s), by	having control or				
		management of the supporting must complete Part IV, Secti	ons A and C.				100	W.				
С.		Type III functionally integrated. organization(s) (see instruction	ons). <b>You must comp</b>	lete Part IV, Sections	A, D, an	d E.						
d	Ш	Type III non-functionally integr functionally integrated. The o instructions). You must comp	rganization generally	must satisfy a distribu	nection tion req	with its s uiremen	supported organization(s t and an attentiveness	s) that is not s requirement (see				
е		Check this box if the organizatintegrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Typ	oe III functionally				
f	En	ter the number of supported of						*****				
g	Pro	ovide the following information	n about the supported	d organization(s).								
	i) Na	rne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)							*					
(E)												
-							1					
Cotal			11/20 11 15 15		11 15							

## 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.)

Sec	tion A. Public Support	- 10					
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,427,165.	2,678,123.	1,612,401.	1,743,609.	2,509,265.	11,970,563.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	3,427,165.	2,678,123.	1,612,401.	1,743,609.	2,509,265.	11,970,563. 881,195.
6	Public support. Subtract line 5 from line 4						11,089,368.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	3,427,165.	2,678,123.	1,612,401.	1,743,609.	2,509,265.	11,970,563.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	298.	1,839.	2,566.	3,220.	2,475.	10,398.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE TART VI.	20,930.	15,221.	15,987.	3,090.	765.	55,993.
11	Total support. Add lines 7 through 10						12,036,954.
12	Gross receipts from related activ	vities, etc. (see in	structions).			12	0.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	tion C. Computation of Pu	1/6 (1/6)	NOW PERMITTING AND ADDRESS OF THE PERMITTING				
	Public support percentage for 20						92.13%
	Public support percentage from						94.51 %
16a	<b>33-1/3% support test—2017.</b> If t and <b>stop here.</b> The organization	the organization d qualifies as a pul	id not check the t blicly supported o	box on line 13, ar organization	nd line 14 is 33-1/	3% or more, chec	k this box
b	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est-2017. If the or meets the 'facts-a s-and-circumstand	rganization did no and-circumstance ces' test. The orga	ot check a box on es' test, check this anization qualifies	n line 13, 16a, or 1 s box and <b>stop he</b> s as a publicly sup	6b, and line 14 is <b>re.</b> Explain in Par oported organizati	s 10% t VI how on
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization or the or	meets the 'facts-a id-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain in Par ted organization .	t VI how the

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						•
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				1 - 1 - 1 - 1		
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501(c)(	3)
	tion C. Computation of Pu	Control of the Contro		10			
15	Public support percentage for 20	·					8
16	Public support percentage from						%
	tion D. Computation of Inv				(0)	1 1	
17	Investment income percentage f			-			%
18	Investment income percentage f						8
	33-1/3% support tests—2017. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organization	ا 🟲 📗
b	<b>33-1/3% support tests—2016.</b> If the line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	cly supported orga	nization 🕨 🔲
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instructions.	www

## 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	Λ	ΛII	Supporting	Organizations
<b>Section</b>	A.	ΑII	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		48
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		1 1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.	4c		ų.
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a	3 -1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hac #	to organization accounted a gift or contribution from any of the following accounts		Yes	No
	a A pers	the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	_	ning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
_		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
<b>3</b> e	cuon E	3. Type I Supporting Organizations		Yes	No
1	or elect Part \ If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If No the supported organization's effectively operated, supervised, or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1	162	No
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se	ction (	C. Type II Supporting Organizations			
				Yes	No
1	of ead	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees on the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction [	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Se	ction E	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).			
		he organization satisfied the Activities Test. Complete line 2 below.			
	=	the organization is the parent of each of its supported organizations. Complete line 3 below.			
	$\equiv$	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo <b>orgar</b> respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted translated antially all of its activities.	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
	<b>a</b> Did th each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			Part VI). See
Sec	tion A — Adjusted Net Income	oris must	(A) Prior Year	(B) Current Year (optional)
_				(Optional)
2	Net short-term capital gain	1 2		
3	Recoveries of prior-year distributions  Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5		5		
	Depreciation and depletion	3		
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		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
ŀ	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
6	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		
ec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrated	Type III supporting or	ganization
BAA			Schedule A (F	orm 990 or 990-EZ)

Sche	edule A (Form 990 or 990-EZ) 2017 SPRINGBOARD FOR THE		41-169	0483 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported 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 <b>Part VI</b> ). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
	From 2013	3 0 0 0 0 0 0		
	From 2014	MILE WILL AND A VIEW		of the second
	From 2015		Cara Internal	
	From 2016		L.C. 1+570	
	f Total of lines 3a through e			
- (	g Applied to underdistributions of prior years			
1	Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:		THE RELEASE OF	
- 2	Excess from 2013			
	Excess from 2014			

e Excess from 2017..... BAA

c Excess from 2015..... d Excess from 2016.....

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

SPRINGBOARD FOR THE ARTS

41-1690483

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## **PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE		2017		2016		2015		2014		2013	
TOTAI	\$	765. 765.	\$ \$	3,090. 3,090.	\$ \$	15,987. 15,987.	\$ \$	15,221. 15,221.	\$ \$	20,930. 20,930.	

## 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

2017

Name of the organization		Employer identification number
SPRINGBOARD FOR THE ARTS		41-1690483
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	d as a private foundation
	527 political organization	·
	on pointed 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	, a pilitato iodilation
	301(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Genera</b>	I Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule a	and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E	Z, or 990-PF that received, during the year, contribution teleparts I and II. See instructions for determining a c	ons totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
Y For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3 that checked Schedule A (Form 990 or 990-EZ), Part II, Ii he year, total contributions of the greater of (1) \$5,00 00-EZ, line 1. Complete Parts I and II.	% support test of the regulations ine 13, 16a, or 16b, and that 0 or ( <b>2</b> ) 2% of the amount on (i)
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that red than \$1,000 <i>exclusively</i> for religious, charitable, scien o children or animals. Complete Parts I, II, and III.	ceived from any one contributor, ntific, literary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that recover religious, charitable, etc., purposes, but no such content to the total contributions that were received during the yearly of the parts unless the <b>General Rule</b> applies to this ble, etc., contributions totaling \$5,000 or more during	ntributions totaled more than ear for an <i>exclusively</i> religious, s organization because
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't file ne 2, of its Form 990; or check the box on line H of its filing requirements of Schedule B (Form 990, 990-EZ	e Schedule B (Form 990, 990-EZ, or s Form 990-EZ or on its Form 990-PF, c or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer identification number

SPRINGBOARD FOR TH		41-1690483
Part I Organizations Maintal Complete if the organi	ining Donor Advised Funds or Other Similal zation answered 'Yes' on Form 990, Part IV,	r Funds or Accounts. , line 6,
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	- the exception	
2 Aggregate value of contributions to (during		
3 Aggregate value of grants from (during ye		
4 Aggregate value at end of year.		
5 Did the organization inform all do are the organization's property, s	onors and donor advisors in writing that the assets held subject to the organization's exclusive legal control?	d in donor advised funds
6 Did the organization inform all gr for charitable purposes and not f impermissible private benefit?	rantees, donors, and donor advisors in writing that gran for the benefit of the donor or donor advisor, or for any	nt funds can be used only other purpose conferring
art II Conservation Easeme		
	zation answered 'Yes' on Form 990, Part IV,	. line 7.
	ments held by the organization (check all that apply).	,
(1990)	(a)	ation of a historically important land area
Protection of natural habitat		ation of a certified historic structure
Preservation of open space		
	organization held a qualified conservation contribution in t	the form of a conservation easement on the
-		Held at the End of the Tax Year
a Total number of conservation ea	sements	2a
	ervation easements	
c Number of conservation easeme	nts on a certified historic structure included in (a)	2 c
<b>d</b> Number of conservation easeme structure listed in the National R	nts included in (c) acquired after 7/25/06, and not on a	historic 2d
Number of conservation easements tax year ►	modified, transferred, released, extinguished, or terminate	ed by the organization during the
4 Number of states where property so	ubject to conservation easement is located ▶	
	itten policy regarding the periodic monitoring, inspection easements it holds?	
	to monitoring, inspecting, handling of violations, and enforce	CA CASA CANA CANA CANA DAN DAN DAN BANGA CANA CANA CANA CANA CANA CANA CANA
7 Amount of expenses incurred in mo	onitoring, inspecting, handling of violations, and enforcing o	conservation easements during the year
Does each conservation easeme and section 170(h)(4)(B)(ii)?	nt reported on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organ include, if applicable, the text of conservation easements.	nization reports conservation easements in its revenue and the footnote to the organization's financial statements	expense statement, and balance sheet, and that describes the organization's accounting for
art III Organizations Mainta Complete if the organ	ining Collections of Art, Historical Treasure ization answered 'Yes' on Form 990, Part IV	es, or Other Similar Assets. , line 8.
art, historical treasures, or other significant	ermitted under SFAS 116 (ASC 958), not to report in its milar assets held for public exhibition, education, or researd to to its financial statements that describes these item	ch in furtherance of public service, provide,
<b>b</b> If the organization elected, as pen historical treasures, or other similar following amounts relating to the	ermitted under SFAS 116 (ASC 958), to report in its rever assets held for public exhibition, education, or research in see items:	venue statement and balance sheet works of art, n furtherance of public service, provide the
(i) Revenue included on Form 9	990, Part VIII, line 1	× 5
	, Part X	
2 If the organization received or held amounts required to be reported	works of art, historical treasures, or other similar assets fo under SFAS 116 (ASC 958) relating to these items:	or financial gain, provide the following
a Revenue included on Form 990,	Part VIII, line 1	nativo en plese enforcacione e los disconocacios establismenta.
<b>b</b> Assets included in Form 990. Pa		

Part III Organizations Mainta	aining Colle	ctions of Art, Histo	rical Treasures, or (	Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisitio items (check all that apply):	n, accession, a	nd other records, check ar	ny of the following that are	a significant use of its	collection	
a Public exhibition		<b>d</b> □ Loan o	r exchange programs			
b Scholarly research		e Other	onenango programo			
c Preservation for future gene	erations	• L ss	-			
4 Provide a description of the organ Part XIII.		ions and explain how they	further the organization's	exempt purpose in		
5 During the year, did the organiz to be sold to raise funds rather	ation solicit or than to be ma	receive donations of art	, historical treasures, or ganization's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	<b>al Arrangen</b> amount on	nents. Complete if the Form 990, Part X,	ne organization ans line 21.	wered 'Yes' on Fo	rm 990, P	Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	ustee, custodia	n or other intermediary	for contributions or other	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangemen					163	
2 ····································		and complete the follows	ig table!		Amount	
c Beginning balance	onese e e e e e e e e e e e e e e e e e e					
d Additions during the year						
e Distributions during the year						
f Ending balance				. 1f		
2 a Did the organization include an	amount on Fo	rm 990, Part X, line 21,	for escrow or custodial a	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangemen						. $\square$
						<u> </u>
Part V Endowment Funds.	Complete if	the organization an	swered 'Yes' on For	rm 990, Part IV, Iir	ne 10.	
	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains and losses						
<b>d</b> Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percenta		ent year end balance (lin	e 1g, column (a)) held a	is:		
a Board designated or quasi-endow		8				
<b>b</b> Permanent endowment	<sup>8</sup>					
c Temporarily restricted endowme		8				
The percentages on lines 2a, 2b,	and 2c should e	equal 100%.				
3a Are there endowment funds not in organization by:	the possession	of the organization that a	re held and administered	for the	Ye	s No
(i) unrelated organizations						
(ii) related organizations						
b If 'Yes' on line 3a(ii), are the re	lated organiza	tions listed as required of	on Schedule R?		. 3b	
4 Describe in Part XIII the intende	ed uses of the	organization's endowme	ent funds.			
Part VI Land, Buildings, and	I Equipmen	t.				
Complete if the organ			n 990, Part IV, line	11a. See Form 99	0, Part X	, line 10.
Description of property	/	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	k value
1 a Land						
<b>b</b> Buildings			1,522,237.		1,5	22,237.
c Leasehold improvements			198,678.	179,864.		18,814.
<b>d</b> Equipment						
e Other	1131 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		126,097.	114,451.		11,646.
Total. Add lines 1a through 1e. (Colu	ımn (d) must e	qual Form 990, Part X, o				52,697.
BAA	7.07				ule D (Form	

Part VII Investments - Other Securities.	13/ 1 5 00	
		D, 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)	-	
<u>(G)</u>		
(H)		
<u>(l)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >	507,057.	Direct processing payment to the processing
		N/A 0, Part IV, line 11c. See Form 990, Part X, line 13.
Complete if the organization answered	Yes' on Form 99	0, 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)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		
Part IX Other Assets.	N/A	
Complete if the organization answered		0, Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
	D) E 163	
Total. (Column (b) must equal Form 990, Part X, column (c)	B) line 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FISCAL SPONSORSHIP	494,9	70.
(3)		
(4)		
(5)	"	
(6) (7)		
(8)	-	
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	494,9	70.

Part XI Reconciliation of Revenue per Audited Financial Statements Wit	•	turn.	
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	1,823,221.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		.EF	
a Net unrealized gains (losses) on investments		. = 1	
b Donated services and use of facilities	11,600.	4.0	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	**********	2 e	11,600.
3 Subtract line 2e from line 1		3	1,811,621.
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			
b Other (Describe in Part XIII.) SEE PART XIII 4b	1,017,863.		
c Add lines 4a and 4b.		4 c	1,017,863.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,829,484.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per l	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV			
1 Total expenses and losses per audited financial statements	A PARTED AND EDECEMBER AND ESPORTED	1	1,741,281.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	11,600.	100	
<b>b</b> Prior year adjustments.			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	11,600.
		20	
3 Subtract line 2e from line 1		3	
3 Subtract line 2e from line 1			1,729,681.
<ul> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> <li>4a</li> </ul>			
3 Subtract line 2e from line 1			
3 Subtract line 2e from line 1. 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 b Other (Describe in Part XIII.) SEE PART XIII c Add lines 4a and 4b	1,084,406.	3 4c	
3 Subtract line 2e from line 1. 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. 4 b Other (Describe in Part XIII.) SEE PART XIII. 4 b	1,084,406.	3	1,729,681.

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 XI, 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 - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S

SPRINGBOARD'S 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

Schedule **D** (Form 990) 2017

Part XIII Supplemental Information (continued)

## PART IV, LINE 1B - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S (CONTINUED)

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 SPRINGBOARD FROM ALL RELATED LIABILITY.

## **PART X - FIN 48 FOOTNOTE**

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.

SPRINGBOARD'S 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.

## SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FISCAL AGENCY SPONSORSHIP ACTIVITY \$ 1,017,863.

TOTAL \$ 1,017,863.

## SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FISCAL AGENCY SPONSORSHIP ACTIVITY \$ 1,084,406.
TOTAL \$ 1,084,406.

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection 2017

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

**Employer identification number** 41-1690483

SPRINGBOARD FOR THE ARTS Name of the organization

Part I General Information on Grants and Assistance

8

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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?

X Yes

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>(b)</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
(1) DRAWING CONNECTIONSS108 E_PRINCE STST PAUL, MN 55101	47-5088530		8,534.	.0			
(Z) FLYING FORMS 15 ELIZABETH STREET ST. PAUL, MN 55107	38-2022532		10,000.	0.			
(3) DANZA ESPANOLA (DEBORAH ELIAS  117 MACKUBIN ST #5  ST. PAUL, MN 55102	47-5846161		10,355.	.0			
(4) IN THE MOMENT 308 PRINCE STREET #418	39-1845801		14,669.	0.		_	
(5) MAD MUNCHKIN (LAURA LEFFLER M 3407 24TH AVE S MINNEAPOLIS, MN 55406	46-8921501		5,591.	*0			
(6) SAVAGE UMBRELLA  3134 LINCOLN STREET NE MINNEAPOLIS, MN 55418	51-1024667		12,987.	*0		ų.	
(7) GRACE MINNESOTA			48,236.	0.			
(8) HOLY COW! PRESS PO BOX 3170 MOUNT ROYAL STATI			15, 667.	.0			
2 Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table			******************	2
3 Enter total number of other organizations listed in the line 1 table	ins listed in the line						56

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

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

41-1690483

SPRINGBOARD FOR THE ARTS Schedule I (Form 990) (2017)

(f) Description of noncash assistance 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. (e) Method of valuation (book, (c) Amount of (b) Number of Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
_						
2						
ო						
4						
ഹ						
ဖ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2017 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 41-1690483 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 9,244. 16,188 15,835. 7,448 15,126. 39,258 10,000 12,522 20,301 5,001 TEEA4001L 08/10/17 (c) IRC section (if applicable) 57-4584428 (b) EIN (a) Name and address of organization or government SPRINGBOARD FOR THE ARTS 30 WEST 22ND STREET #105 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55418 MINNEAPOLIS, MN 55416 MINNEAPOLIS, MN 55405 MINNEAPOLIS, MN 55404 MINNEAPOLIS, MN 55413 MINNEAPOLIS, MN 55406 MINNEAPOLIS, MN 55407 MINNEAPOLIS, MN 55408 MINNEAPOLIS, MN 55404 MORGAN THORSON & CO. \_ MIXED PRECIPITATION \_ DREAM SONGS PROJECT PORTLAND, OR 97296 ROSY SIMAS DANSE 1422 GRAND ST NE 3428 ST PAUL AVE 3112 10TH AVE S \_ 2113 22ND AVE S THE THIRD RAIL FORTUNE'S FOOL 2721 E 42ND ST PO BOX 96063 810 W LAKE ST PO BOX 18262 COMO POPS Name of the organization \_\_CATALYST\_\_ DIAL GROUP T2P2\_

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2017 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 41-1690483 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 19,074. 10,002 6,000 7,190 5,785 27,109 11,818 5,337 23,250 TEEA4001L 08/10/17 (c) IRC section (if applicable) (p) EIN MONKEYBEAR'S HARMOLDOIC WORKS \_\_308\_PRINCE\_ST,\_STE\_270\_\_\_\_ (a) Name and address of organization or government SPRINGBOARD FOR THE ARTS - ANCIA SAXOPHONE QUARTET - C \_\_1184 MACKUBIN\_ST., APT., 308 SPITTING IMAGE COLLECTIVE ST. LOUIS PARK, MN 55416 ST. LOUIS PARK, MN 55426 SALLY ROUSSE UNLIMITED 308 PRINCE ST, SIE 270 \_\_308\_PRINCE\_STA\_STE\_270 3836 PILLSBURY AVE. S. MINNEAPOLIS, MN 55409 MINNEAPOLIS, MN 55419 MINNEAPOLIS, MN 55411 6328 WELCOME AVE. N. JOURNEY PRODUCTIONS WAKEMUP PRODUCTIONS 8001 VICTORIA LANE 345 CHESTER ST. PRIME PRODUCTIONS \_ ST. PAUL, MN 55117 RED BIRD THEATRE ST PAUL, MN 55101 ST PAUL, MN 55102 ST PAUL, MN 55101 ST PAUL, MN 55101 BUCKET BRIGADE SCENIUS STUDIO 858 JUNO AVE 2925 MONTERAY

Ŋ ₽ m Continuation Page Employer identification number 41-1690483 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2017 (h) Purpose of grant or assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 545. 34,005 10,160 10,000 18,648 113,279 13,935 5,673 TEEA4001L 08/10/17 (c) IRC section (if applicable) (P) EIN (a) Name and address of organization or government SPRINGBOARD FOR THE ARTS 2216 GARFIELD AVE. S. #101 TURILE THEATER COLLECTIVE 111 MARQUETTE AVE. #2608 MAIA MAIDEN PRODUCTIONS 3328 BLAISDELL AVE. #3 \_\_PUBLIC\_INTEREST,\_INC. RIGHT HERE COMMISIONS MINNEAPOLIS, MN 55406 MINNEAPOLIS, MN 55408 MINNEAPOLIS, MN 55413 MINNEAPOLIS, MN 55406 MINNEAPOLIS, MN 55401 MINNEAPOLIS, MN 55405 MINNEAPOLIS, MN 55414 MINNEAPOLIS, MN 55417 MINNEAPOLIS, MN 55401 720 4TH ST. N. #702 400 2ND ST. SE #108 SPARKLE THEATRICALS RICHFIELD, MN 55423 \_\_2801\_32ND\_AVE.\_S.\_ 7614 16TH AVE. S. 5412 43RD AVE. S. PICASSO PROJECTS\_\_ PUBLIC FUNCTIONARY 1400 12TH AVE. NW IMPOSSIBLE SALT 3540 34 AVE. S> LOFTRECITAL Name of the organization DANCECO

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2017 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 41-1690483 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash 10,466. 5,028 10,225. 21,586. 6,787 7,500 22,175 29,835 9,066 31,000 TEEA4001L 08/10/17 grant (c) IRC section (if applicable) (**b**) EIN TWIN CITIES FLAMENCO COLLECTI (a) Name and address of organization or government SPRINGBOARD FOR THE ARTS 3538 PILLSBURY AVE. S. ORCHARD THEATER COLLECTIVE CIALUNA STORYDANCE THEATRE 653 GALTIER STREET, #111 4122 BLAISDELL AVE. S. --412 CEDAR AVE. S. APT. 4 UPPER ST. PAUL, MN 55114 9 W. FRANKLIN AVE. S.301 BIG TURN MUSIC FESTIVAL MILLION ARTIST MOVEMENT MINNEAPOLIS, MN 55408 MOVEMENT ARCHITECTURE MINNEAPOLIS, MN 55409 MINNEAPOLIS, MN 55454 MINNEAPOLIS, MN 55404 MINNEAPOLIS, MN 55419 25 LUVERNE AVE. S. 1661 LONGVIEW DR. ST. PAUL, MN 55112 ST. PAUL, MN 55103 ST. PAUL, MN 55103 887 RAYMOND AVE. SOUL OF AMERICA 463\_LAEOND AVE. WINONA, MN 55987 \_ 227\_E. 4TH ST. VOICES OF HOP BLACK MARKET Name of the organization SIXINS

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2017 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 41-1690483 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 23,740. 5,380. 8,619. 8,616 20,993 7,686 11,772 16,883 8.994 TEEA4001L 08/10/17 (c) IRC section (if applicable) (P) EIN INTERNATIONAL CELLO INSTITUTE 7023 CLEARWATER RD. APT. 108 (a) Name and address of organization or government SPRINGBOARD FOR THE ARTS 19595 NIDAROS CHURCH DR. 5\_RITTENHOUSE\_PLACE, #21\_ COLLECTIVE UNCONSCIOUS JEFFREY PETERSON DANCE \_\_3315\_34TH\_AVE.\_S.\_\_\_\_ 1921 BENJAMIN ST. NE DEANNE JOY MINISTRIES MINNEAPOLIS, MN 55406 MINNEAPOLIS, MN 55406 MINNEAPOLIS, MN 55409 MINNEAPOLIS, MN 55418 MINNEAPOLIS, MN 55404 2443 3RD AVE. S. C15 KALEENA MILLER DANCE CLITHERALL, MN 56524 NORTHFIELD, MN 55057 THEATRE COUP D'ETAT 20945 RADISSON RD. 2012 31ST AVE. S. 2648 CLINTON AVE. EXCELSIOR, MN 55331 ARDMORE, PA 19003 BAXTER, MN 56425 804 IVANHOE DR. Name of the organization MINNESHOWTA RAW SUGAR WLDRNSS PLATFORM

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPRINGBOARD FOR THE ARTS

Employer identification number 41-1690483

FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

THE ORGANIZATION COMBINED THEIR HEALTH, PROFESSIONAL DEVELOPMENT, AND RESOURCE PROGRAMS INTO ONE CLASS CALLED ARTIST RESOURCES.

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

## 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 FY18 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 PILOTED A/V CLOSET, A NEW OFFERING FOR ARTISTS TO CHECK OUT ARTS TECHNOLOGY SUCH AS CAMERAS AND LIGHTS. WE'VE EXPANDED OUR LEGAL REFERRAL SERVICE, CONNECTING 185 ARTISTS WITH ONE-ON-ONE ATTORNEY REFERRALS IN FY18. SPRINGBOARD FOR THE ARTS SUPPORTS ARTISTS' HEALTH CARE THROUGH SEVERAL PROGRAMS. ARTISTS' ACCESS TO HEALTH CARE (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 3,022 HEALTH CARE REFERRALS IN FY18. WE EXPANDED OUR PARTNERSHIP WITH PEOPLE'S CENTER HEALTH SERVICES TO INCLUDE POP-UP ARTS ACTIVITIES, WHERE 500 PATIENTS, STAFF, AND PASSERSBY BENEFITED. THE EMERGENCY RELIEF FUND (ERF) PROVIDED SMALL MONETARY SUPPORT FOR 22 ARTISTS WHO HAVE CAREER-THREATENING EMERGENCIES OR TO USE THEIR ART TO RESPOND TO COMMUNITY EMERGENCIES. IN FY18 SPRINGBOARD FOR THE ARTS' PROFESSIONAL DEVELOPMENT PROGRAMS

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CONSULTING AND PARTICIPATION AT LEADING CONFERENCES BOTH LOCALLY AND NATIONALLY.

SPRINGBOARD FOR THE ARTS PRESENTED: 112 WORKSHOPS ON BUSINESS SKILLS FOR ARTISTS AND PROFESSIONAL DEVELOPMENT, 201 INDIVIDUAL CONSULTATIONS, AND PRESENTED AT CONFERENCES LOCALLY AND NATIONALLY HIGHLIGHTING OUR CONTENT, ARTIST SERVICES, AND MISSION.

THROUGH A NEW PARTNERSHIP WITH AN INDEPENDENT MICRO LENDING PLATFORM, SPRINGBOARD SUCCESSFULLY SUPPORTED SIX NEW ARTIST ENTREPRENEUR PROJECTS TO SECURE SMALL BUSINESS LOANS.

## COMMUNITY DEVELOPMENT

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 PLACE MAKING 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 FY18, WE DIRECTLY SUPPORTED OVER 50 ARTISTS TO IMPLEMENT PROJECTS OR ACTIVITIES, AND TRAINED (HALF DAY TO 2 DAY LONG WORKSHOPS) 90 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 400 COMMUNITY DEVELOPMENT PROFESSIONALS (APPROXIMATELY 25% ARTISTS) THROUGH CONFERENCE AND OTHER PRESENTATIONS.

FERGUS FALLS -

IN FY18 OUR FERGUS FALLS OFFICE PROVIDED PROFESSIONAL TRAINING AND CONSULTATIONS, A

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESOURCE CENTER, LEGAL AND HEALTH CARE RESOURCES TO APPROXIMATELY 507 ARTISTS, AS WELL AS COMMUNITY DEVELOPMENT PRESENTATIONS AND WORKSHOPS TO 3,002 COMMUNITY, STATE AND NATIONAL LEADERS. IN ADDITION, 28 ARTISTS IN OUR HINGE ARTS RESIDENCY PROGRAM REACHED APPROXIMATELY 650 ARTISTS COMMUNITY MEMBERS THROUGH PRESENTATIONS, EVENTS AND OUTREACH ACTIVITIES, AND THE YEAR OF PLAY PROJECT REACHED 687 COMMUNITY MEMBERS.

## INCUBATOR

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 FY18 WE MANAGED OVER \$1 MILLION IN REVENUES FOR THE 207 ARTIST-LED PROJECTS IN THE PROGRAM

## NATIONAL PROGRAM

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 PLACE MAKING, 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. SINCE ITS LAUNCH IN MARCH 2014, CREATIVE EXCHANGE HAS PUBLISHED OVER 360 ARTIST PROFILES & SPECIAL FEATURES, AND SHARED OVER 7,000 TOOLKITS. SPRINGBOARD OFFERS WORKSHOP INTENSIVES IN LEADING THE WORK OF ART: BUSINESS SKILLS FOR ARTISTS CURRICULUM AND IN ARTIST-LED COMMUNITY DEVELOPMENT PRACTICES AS

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PART OF THE NATIONAL PROGRAM, AND OFFERS SPEAKING, CONSULTING, AND WORKSHOPS NATIONALLY.

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FULL BOARD OF DIRECTORS REVIEWS BOTH THE 990 AND AUDIT AND VOTES TO APPROVE BEFORE FILING.

## FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

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, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

BY REQUEST

## FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)		(B) PROGRAM	MΑ	(C) NAGEMENT		(D) FUND-
-	TOTAL	_	SERVICES	_&	GENERAL	_	RAISING
	447,039.		433,814.		13,225.		
TOTAL \$	447,039.	\$	433,814.	\$	13,225.	\$	0.

## FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FISCAL SPONSORSHIP	ACTIVITY	\$ 66,543.
	TOTAL	\$ 66,543.