EXTENSION APPROVED THROUGH JULY 16, 2018

Return of Organization Exempt From Income Tax

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

<u> 2016</u>

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

<u> </u>	ווו ווו	e 2016 calendar year, or tax year beginning SEP 1, 2016 and	ending A	UG 31, 2017				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre							
	Name	e Doing business as		23-7	319903			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final	106 WEST BOSTON AVE		515-961-6221				
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,969,295.			
	Amer	ded TAIDTANIOTA TA E012E		H(a) Is this a group re				
F	Appli			for subordinates				
_	tion pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—			
$\overline{}$	T	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)			
		te: ► WWW.DESMOINESMETROOPERA.ORG	01 327	1	,			
		·	1. 1/	H(c) Group exemptio				
	art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 19/3 N	M State of legal domicile: IA			
•	_	-	7 F D 7 M F	y DDOCDECC.	TITE COMPANY			
ģ	1	Briefly describe the organization's mission or most significant activities: TO OI						
anc		IN THE MIDWEST WITH A NATIONAL REPUTATION						
i i	2	Check this box if the organization discontinued its operations or dispos	ed of more	1				
Š	3			3	32			
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			32			
S	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			43			
ŧ	6	Total number of volunteers (estimate if necessary)		6	0			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
<	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
4	8	Contributions and grants (Part VIII, line 1h)		3,340,118.	4,136,109.			
Revenue	9	Program service revenue (Part VIII, line 2g)		606,137.	722,628.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,030.	1,839.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,234.	74,249.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,014,519.	4,934,825.			
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14			0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		597,200.	625,056.			
Ses	15			68,750.	120,487.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	······	00,750.	120,407.			
Ž	_b	Total fundraising expenses (Part IX, column (D), line 25) 351,85		2,161,086.	2,529,985.			
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,827,036.	3,275,528.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,187,483.	1,659,297.			
Net Assets or	<u> </u>		Ве	ginning of Current Year	End of Year			
sset	ਰੂ 20	Total assets (Part X, line 16)		1,860,506.	3,588,476.			
Ä	21	Total liabilities (Part X, line 26)		302,634.	371,307.			
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		1,557,872.	3,217,169.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Не	re	KAREN SHINN, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	JAMES J. HINGTGEN		if self-employ	ed P01301731			
Pre	parer	Firm's name DENMAN & COMPANY, LLP		Firm's EIN ▶	42-0794029			
	Only	Firm's address 1601 22ND STREET, SUITE 400	_					
	-	WEST DES MOINES, IA 50266-1453		Phone no.51	5-225-8400			
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Other program services (Describe in Schedule O.)

including grants of \$

) (Revenue \$

2,453,161. Total program service expenses

Form 990 (2016)

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(s)(s) or 4947(s)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in ideot or inferect political campaign activities on behalf of or in opposition to candidates for public direct ("I Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(3) 051(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part II 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 of 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 II 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for server or custodial account liability, serve as a custodian for amounts in listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization and part X, line 121, for server 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 VI 10 Did the organization services or any of the following questions is "Yes," then complete Schedule D, Part VII 11 If the organization sanswer or any of the following questions is "Yes," then complete Schedule D, Part VII 12 Did the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of its tota	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule 9, Schedule 9, Schedule 07 controllusions? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I 4 Section 501(c)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) electron in effect during the tax year? // "Yes," complete Schedule C, Part II 5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6), o		If "Yes," complete Schedule A	1	Х	
Section 501(x)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 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 II "Yes," complete Schedule C, Part II II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II	2	•	2	X	
4 X Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(cl)(4,501(cl)), or 501(cl)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.19? If "Yes," complete Schedule C, Part III Is Is In 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 II Is In 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 Is International Collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Is International Collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II If the organization report an amount in IP art X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not fisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Is organization, developed and account liability, serve as a custodian for amounts not fisted in Part X, line 197 If "Yes," complete Schedule D, Part IV Is organization, organization, organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VII Is 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 167 If "Yes," complete Schedule D, Part X Is Did the organization situation and control organization and control organization for the Internation and the Interna	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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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. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 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 4 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 5 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 XIII 6 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 7 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 8 Did the organization included in consolidated financial statements for the tax year include a foothote that addresses the organization on botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 9 Did the organization notain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12a X 12a X 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization and office, employees, or agents outside of the United States? 14b 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 II and IV			10		X
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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 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			15		X
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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16				
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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	17				
 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			18	Х	
complete Schedule G. Part III	19				
		complete Schedule G. Part III	19		X

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	, , , , , , , , , , , , , , , , , , , ,	30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u></u>
<u>-</u>	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
	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?	100		
55		36		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
55	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note: 7 WET STATE SEE HIGHS are required to complete defreduce of		990	<u> </u>

Form 990 (2016) DES MOINES METRO OPERA, INC. 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	<u></u> .		<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	182			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
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	2a	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ ser \ and \ partly \ for \ goods \ and \ ser \ for \ goods \ and \ ser \ for \ goods \ and \ ser \ for \ goods \ and \ goods \ for \ goods \ and \ goods \ for \ goods \ and \ goods \ for \ g$	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
		IZU				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	.50		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	 - 0		14b		
					990	(2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b		1b	32			
	Enter the number of voting members included in line 1a, above, who are independent			1		
2						Х
_	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					.,
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	•	ŭ	8a	Х	
b				8b	X	
	• • • • • • • • • • • • • • • • • • • •			OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear		it the			x
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		.,	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
				10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
104				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization the organization to evaluate the organization that the organization that the organization that the organization the organization that the organization the organization that the organization that the organization that t					
				401-		
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE	. (0	504/ \/0\			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	/allable	3	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	f interest policy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records:			
	ELAINE RALEIGH - 515-961-6221					
	106 WEST BOSTON AVENUE, INDIANOLA, IA 50125					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	or director				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	ip u	Inst	Officer	Ke	e E	For			
(1) KEVIN CROFT	1.00	.,		,,						
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) ADRIENNE MCFARLAND	1.00	٠,,							_	_
DIRECTOR	1 00	Х						0.	0.	0.
(3) VIRGINIA LAURIDSEN	1.00	٠,,							_	_
DIRECTOR	1.00	Х				-		0.	0.	0.
(4) EMLIY PONTIUS SECRETARY	1.00	х		х				0.	0.	0.
(5) KATE CAREY	1.00	Δ		^	_			· ·	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) KAREN SHINN	1.00	22						1	0.	. .
TREASURER	1.00	х		х				0.	0.	0.
(7) PAT BROWN	1.00							1		•
DIRECTOR		х						0.	0.	0.
(8) ANN MICHELSON	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(9) LIZ LIDGETT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ELIZABETH CARTER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRYAN HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DR.BRUCE HUGHES	1.00	1							_	_
DIRECTOR	1 00	Х			_			0.	0.	0.
(13) JULIA HAGEN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(14) PATRICK KELLY	1.00	.,							_	
DIRECTOR	1 00	Х						0.	0.	0.
(15) JOSH KIMELMAN	1.00	٠,,							_	
OIRECTOR (16) STEPHEN STEPHENSON	1.00	Х	\vdash		\vdash	-		0.	0.	0.
(16) STEPHEN STEPHENSON DIRECTOR	1.00	х						0.	0.	0.
(17) RACHEL ROWLEY	1.00	^	\vdash		\vdash	\vdash		1	0.	.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR	I	Λ		<u> </u>			<u> </u>	<u> </u>	<u> </u>	000

632007 11-11-16

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	(do		Pos			ono	Reportable	Reportable		Estimated	
	hours per	box	not c , unle	ss per	rson i	is both	n an	compensation	compensation		amount of	
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any hours for	director						the	organizations		compensation	1
	related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the	
	organizations	Individual trustee or	Institutional trustee		ee ee	Highest compensated employee		(44-2/1099-141130)			organization and related	
	below	dualt	utiona	_	Key employee	st co	-e				organizations	,
	line)	Indivi	Instit	Officer	Key e	Highe	Former				· ·	
(18) NANCY MAIN	1.00											
DIRECTOR		Х						0.	C).	0	
(19) DIANE MORAIN	1.00											
DIRECTOR		Х						0.	C).	0	
(20) ELVIN MCDONALD	1.00											
DIRECTOR		Х						0.	C).	0	
(21) MOLLIE BAKER	1.00											
DIRECTOR		Х						0.	C).	0	
(22) CHERIE SHRECK	1.00											
DIRECTOR		Х						0.	C).	0	
(23) ELIZABETH MANSFIELD	1.00											
DIRECTOR		Х						0.	C).	0	
(24) JUDY WATSON	1.00											
DIRECTOR		Х						0.	C).	0	•
(25) CRAIG SHADUR	1.00											
PRESIDENT		Х		Х				0.	C).	0	•
(26) PATRICIA BARBALATO	1.00											
DIRECTOR		Х						0.).	0	•
1b Sub-total							ightharpoons	0.).	0	
c Total from continuation sheets to Part VI							>	86,661.).	7,204	
d Total (add lines 1b and 1c)							ightharpoons	86,661.	C).	7,204	•
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Yes No	0
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									.	3 X	_
4 For any individual listed on line 1a, is the su	•							•	•			
and related organizations greater than \$150											4 X	_
5 Did any person listed on line 1a receive or a	•				,		elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	∋ <i>J f</i>	or su	ıch ı	oers	on					5 X	_
Section B. Independent Contractors												
1 Complete this table for your five highest co	· ·	-							· · · · · · · · · · · · · · · · · · ·	nsati	on from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
(A) Name and business	addrass	37/	~ ****	,				(B) Description of s	ontions	C	(C) ompensation	
	address	M	ONE	<u> </u>			\dashv	Description of s	ervices		ompensation	
							_					
							\dashv					_
							\dashv					
							-					_
2 Total number of independent contractors (ii	actuding but a	at lin	nitor	1 +0 -	thor	ما مع	ted	ahove) who recoived me	ore than			
\$100,000 of compensation from the organization	•	JL III	ııııec		(_	ıeu	above, who received inc	no triair			
SEE PART VII, SECTION		TN	ŢŢΔ	ΨТ	_		ны	ETS			orm 990 (201	6)
2						2				- 1	51111 - 3 - (201	U)

Co Peportable Peportable	Form 990 DES MOINE	ES METRO	0	PE	RA	,	IN	C.		23-731	9903
Name and title	Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
Nours Prevent Preven	(A)	1		` ′	(F)						
Per Week Gist arry Hours for related organizations Gist arry Hours for related organizations H	Name and title			•	Estimated						
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1.00 X		1.00									
DIRECTOR (29) CAROLYN PEASE 1.00 DIRECTOR (30) STEPHEN ORR 1.00 DIRECTOR (31) MICHAEL PATRICK 1.00 DIRECTOR (32) SUBAN VOSS PRESIDENT-ELECT (33) MICHAEL EGEL GENERAL AND ARTISTIC DIREC X		1 00	Х				_		0.	0.	0.
1.00 X		1.00									•
DIRECTOR		1 00	X				_		0.	0.	0.
1.00		1.00	.,							•	•
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33) MICHAEL EGEL		1.00	v		v				0	0	0
GENERAL AND ARTISTIC DIREC X 86,661. 0. 7,204.		40.00	21		25				0.	0.	<u></u>
		10.00			x				86 661.	0.	7 204.
Total to Part VII, Section A, line 1c									00,001.	•	7,2010
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Total to Part VII, Section A, line 1c 86,661. 7,204.											
Total to Part VII, Section A, line 1c 7,204.											
	Total to Part VII, Section A, line 1c								86,661.		7,204.

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ည တ	1 a	Federated campaigns 1a					
ran uni		Membership dues 1b					
Ω. E		Fundraising events 1c	31,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	570,000.				
s, G		Government grants (contributions) 1e	272,500.				
igi	f	All other contributions, gifts, grants, and					
t per		similar amounts not included above 1f 3	,262,609.				
ed G	g	Noncash contributions included in lines 1a-1f: \$					
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f		4,136,109.			
			Business Code		64.7		
ဗ	2 a	TICKET SALES	711190	617,290.	617,290.		
ē Š	b		711190	50,900.	50,900.		20.045
o Si	С	SET RENTAL	711190	32,045.			32,045.
Jran Sev	d	PUBLICATIONS	711190	22,393.			22,393.
Program Service Revenue	е						
_		All other program service revenue		722,628.			
		Total. Add lines 2a-2f		122,020.			
	3	Investment income (including dividends, interother similar amounts)		1,839.			1,839.
	4	Income from investment of tax-exempt bond		1,055.			1,055.
	5	Royalties	•				
	J	(i) Real	(ii) Personal				
	6 a	Gross rents (1) Trous	(ii) i creeriar				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	>				
		Gross amount from sales of (i) Securities					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)	<u></u>				
nue	8 a	Gross income from fundraising events (not including \$ of					
eve		contributions reported on line 1c). See					
<u>بر</u>		Part IV, line 18	a 96,467.				
Other Reven		Less: direct expenses	34,470.				
٠		Net income or (loss) from fundraising events	_	61,997.			61,997.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
			p [
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
		Less: cost of goods sold	P				
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS	711190	12,252.	12,252.		
	b			,	,		
	С						
	d	All other revenue					
		Total. Add lines 11a-11d	>	12,252.			
	12	Total revenue. See instructions.		4,934,825.	680,442.	0	118,274.

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05 460	05 460		
	trustees, and key employees	95,460.	95,460.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	A1E 110	60 157	105 740	161 010
7	Other salaries and wages	415,118.	68,157.	185,749.	161,212.
8	Pension plan accruals and contributions (include	12 702	2 720	1 006	A 1A7
_	section 401(k) and 403(b) employer contributions)	12,782. 48,818.	3,739.	4,896.	4,147. 10,097.
9	Other employee benefits	52,878.	32,463.	13,126.	7,289
10	Payroll taxes	34,070.	32,403.	13,120.	1,203
11	Fees for services (non-employees):				
a	• • • • • • • • • • • • • • • • • • • •				
b		17,818.		17,818.	
C		17,010.		17,010.	
d		120,487.			120,487.
e		120,407.			120,407
f g	Investment management fees				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	134,796.	3,660.	96,030.	35,106.
13	Office expenses	60,076.	23,701.	28,535.	7,840.
14	Information technology	29,542.		28,603.	939.
15	Royalties	43,711.	43,711.	, , , , ,	
16	Occupancy	300,692.	282,665.	18,027.	
17	Traval	108,668.	108,668.	,	
18	Payments of travel or entertainment expenses	•	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,109.	20,759.	25,350.	
23	Insurance	15,483.	2,291.	13,192.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM PERSONNEL	1,094,279.	1,094,279.		
a b	DDOGDAM DDODIGETON	609,942.	609,942.		
C	CENCONAL DIVENIMO	43,275.	43,275.		
d	MEGGET E ANTEGUA	25,594.		20,860.	4,734.
	All other expenses				_,,,,,
25 25	Total functional expenses. Add lines 1 through 24e	3,275,528.	2,453,161.	470,516.	351,851.
<u>25</u> 26	Joint costs. Complete this line only if the organization	.,,	,,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			161,581.	1	84,198.
	2	Savings and temporary cash investments				2	736,624.
	3	Pledges and grants receivable, net			1,171,910.	3	2,272,790.
	4	Accounts receivable, net			14,001.	4	388.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			3,102.	8	4,272. 65,601.
	9	Prepaid expenses and deferred charges			80,484.	9	65,601.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		895,042.	100 100		404 600
	b			470,439.	429,428.	10c	424,603.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		<u> </u>		12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 000 500	15	2 500 476		
	16	Total assets. Add lines 1 through 15 (must equ			1,860,506.	16	3,588,476.
	17	Accounts payable and accrued expenses	205,302.	17	308,334.		
	18	Grants payable		81,332.	18	62,973.	
	19	Deferred revenue			01,332.	19	02,913.
	20	Tax-exempt bond liabilities		l l		20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
Ē			•	· · ·		22	
Li Ei	23	Secured mortgages and notes payable to unrela		d portion		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		l l			
		Schedule D			16,000.	25	0.
	26	Total liabilities. Add lines 17 through 25			302,634.	26	371,307.
		Organizations that follow SFAS 117 (ASC 958), check	here X and			,
w		complete lines 27 through 29, and lines 33 an		· —			
č	27	Unrestricted net assets			174,851.	27	89,851.
alar	28				1,383,021.	28	3,127,318.
Ä	29					29	
ڃ		Organizations that do not follow SFAS 117 (A	SC 958	, check here			
P. F		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds		[30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,557,872.	33	3,217,169.
	34				1,860,506.	34	3,588,476.

Form **990** (2016)

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DES MOINES METRO OPERA,

Employer identification number

23-7319903 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	1638017.	1649869.	1911826.	3340118.	4141109.	12680939.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	1638017.	1649869.	1911826.	3340118.	4141109.	12680939.						
5	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)						1804510.						
6	Public support. Subtract line 5 from line 4.						10876429.						
Sec	tion B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total						
7	Amounts from line 4	1638017.	1649869.	1911826.	3340118.	4141109.	12680939.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties												
	and income from similar sources					1,839.	1,839.						
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on												
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)												
11	Total support. Add lines 7 through 10						12682778.						
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 3	<u>,657,504.</u>						
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)							
	organization, check this box and stor	here					>						
Sec	tion C. Computation of Publi	c Support Per	centage			г							
	Public support percentage for 2016 (li		•	* * * *		14	85.76 %						
	Public support percentage from 2015					15	91.12 %						
16a	33 1/3% support test - 2016. If the o	-											
	stop here. The organization qualifies												
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box												
	and stop here. The organization qualifies as a publicly supported organization												
17a	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization												
	_			-		-							
	meets the "facts-and-circumstances"												
b	b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or												
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the												
	organization meets the "facts-and-circ			•	,		.						
<u>18</u>	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s						

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support	<u>, , ,</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0040	#1.0040	() 004.4	(1) 0045	() 2010	(0.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_							b
	ction C. Computation of Publi	• • •				Т Т	
	Public support percentage for 2016 (I			olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves			- 40! (2)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from : a 33 1/3% support tests - 2016. If the					18 33 1/3% and line 1	7 is not
198	more than 33 1/3%, check this box ar						. —
ı	o 33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
Зс		
4a		
4b		<u> </u>
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			.,900
	11 C C (Continuou)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			г
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
000	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	∠a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	, , , , , , , , , , , , , , , , , , ,			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u> </u>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u></u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$ Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
_	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

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

OMB No. 1545-0047

Name of the organization

Employer identification number

23-7319903 DES MOINES METRO OPERA INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA 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) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

DES MOINES METRO OPERA, INC. 23-7319903

THO IN	DINES MEIRO OFERA, INC.	43	- /319903
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$875,600.	Person X Payroll

Name of organization

Employer identification number

DES MOINES METRO OPERA, INC.

23-7319903

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for			

DES MOINES METRO OPERA, INC.

23-7319903

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	990 990-F7 or 990-PF) (2016)

Name of orga	INIZATION		Employer Identification number
DES MO	INES METRO OPERA, INC. Exclusively religious, charitable, etc., contri	butions to organizations described i	23-7319903 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	G ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DES MOINES METRO OPERA, INC.

Employer identification number 23-7319903

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
Da	conservation easements.	Ant Historical Transcript on Other	hay Oissilay Assats
Pal	TIII Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	` ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		▶ \$

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Schedule D (Form 990) 2016

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

_	
	The percentages on lines 2a, 2b, and 2c should equal 100%.
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization

by: (i) unrelated organizations (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,708.		25,708.
b Buildings		596,042.	376,355.	219,687.
c Leasehold improvements				
d Equipment		232,131.	94,084.	138,047.
e Other		41,161.		41,161.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colun	nn (B) line 10c)		424,603.

Schedule D (Form 990) 2016

b

Schedule D (Form 990) 2016 DES MOINES	METRO OPERA	, INC.	23	-7319903 _{Page}
Part VII Investments - Other Securities.				·
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
	Description		,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		

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

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

Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 DES MOINES METRO OPERA, IN				/319903 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	4,969,295.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	34,470.		
е	Add lines 2a through 2d			2e	34,470.
3	Subtract line 2e from line 1			3	4,934,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,934,825.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per P	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total expenses and losses per audited financial statements			1	3,309,998.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	Prior year adjustments	2 b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	34,470.		
е	Add lines 2a through 2d			2e	34,470.
3	Subtract line 2e from line 1			3	3,275,528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,275,528.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE OPERA AND RECOGNIZE A TAX LIABILITY OR ASSET FOR AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILTY OR ASSET OR DISCLOSURES IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

34,470.

Schedule D (Form 990) 2016 DES MOINES METRO OPERA, INC.	23-7319903 Page 5
Schedule D (Form 990) 2016 DES MOINES METRO OPERA, INC. Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
·	
SPECIAL EVENTS EXPENSE	34,470.
	,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DES MOINES METRO OPERA, INC.

Employer identification number 23-7319903

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants Internet and email solicitations X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ISAACSON CONSULTING, LLC -SERVICES FOR CAPITAL Yes No 3660 GRAND AVENUE, STE #540 CAMPAIGN Х 1,869,749 120,487 1,749,262. 1,869,749. 120 487 1,749,262. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

	41 (1	of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2 WINE/FOOD	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA DINNER	EVENT		col. (c))
Φ			(event type)	(event type)	(total number)	33(0)/
Revenue	1	Gross receipts	87,630.	39,837.		127,467.
	2	Less: Contributions	15,000.	16,000.		31,000.
	3	Gross income (line 1 minus line 2)	72,630.	23,837.		96,467.
	4	Cash prizes				
ω	5	Noncash prizes				
(pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	1 1	15,787.		34,470.
	10	Direct expense summary. Add lines 4 through				34,470.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			61,997.
Pa	irt l	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	☐ No	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7				
		Not garning income sammary. Subtract line 7	mont into 1, ociarin (a)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
á		the organization licensed to conduct gaming a	_	states?		Yes No
k	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
•	• • •	,				

Schedule G (Form 990 or 990-EZ) 2016

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Sch	edule G (Form 990 or 990-EZ) 2016 DES MOINES METRO OPERA, INC. 23-7	<u>7319903</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.02	
17	Enter the hame and address of the person who prepares the organization's garning special events books and records.		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
c	of "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided -		
	Director/officer Employee Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
L	retain the state gaming license?	1es	
C	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ \$ \$	0 Ob 10)h 15h
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	J:	
(I) NAME OF FUNDRAISER: ISAACSON CONSULTING, LLC		
<u>\ </u>	, Mail of Tonbittiphin Ibiniopon compositivo, also		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>36</u>	60 GRAND AVENUE, STE #540, DES MOINES, IA 50312		

Schedule G	(Form 990 or 990-EZ)	\mathtt{DES}	MOINES	METRO	OPERA,	INC.	23-7319903	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation	(continued)		•			
	Cappionicitai inici		(continuea)					
<u></u>								
	<u> </u>							

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

DES MOINES METRO OPERA, INC.

Employer identification number 23-7319903

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2016

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 23-7319903Direct controlling End-of-year assets **e** Total income ਰ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity DES MOINES METRO OPERA, INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. PartII

———— Organizations during the tax year.							
(a)	(q)	(0)	(p)		(f)	(6)	7,470
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direc	section 3 (20)(13)	(c) (c) led
of related organization		foreign country)	section	status (if section	entity	entity?	٤
				501(c)(3))		Yes	N N
DES MOINES METRO OPERA FOUNDATION -							
42-1376458, 106 W BOSTON AVE., INDIANOLA, IA							
50125	SUPPORT DES MOINES OPERA	IOWA	501 (C) 3	11A	N/A		×

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 DES MOINES METRO OPERA, INC.

Part III

23-7319903

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(k)	General or Percentage managing ownership partner?									
(i)	eral or laging tner?	YesNo								
	Gen par	ě								
(i)	Code V-UBI amount in box	K-1 (Form 1065)								
	onate 15?									
Ξ	Disproportionate allocations?	Yes No								_
	Disp all	₹								
(6)	Share of end-of-year	doodlo								
(£)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	toreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(၁)	(p)	(e)	(J)	(a)	Œ	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) led 7
		country)		or trust)		assets		Yes No	<u> </u> 2

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Schedule R (Form 990) 2016

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	9 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ctions with one or more re	elated organizations listed	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				1c	×	
d Loans or loan quarantees to or for related organization(s)				19		×
l oans or loan dilarantees by related ordanization(s)				4		×
				2		
f Dividends from related organization(s)				¥	Г	$ \bowtie$
: _				5		×
Purchase of assets from related organization(s)				÷		×
				÷		×
i Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
				•		
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related	elated organization(s)			12		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				f	×	
o Sharing of paid employees with related organization(s)				9		×
p Reimbursement paid to related organization(s) for expenses				1		×
Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				11		×
(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) DES MOINES METRO OPERA FOUNDATION	υ	570,000.	570,000. CASH CONTRIBUTED			
(2) DES MOINES METRO OPERA FOUNDATION	N	0				
(3)						
(4)						
(5)						
(9)						
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Schedule R (Form 990) 2016 DES MOINES METRO OPERA, INC.

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<u>e</u> o	 		I	I	I	 		 დ
(k) rcentag nership								90) 201
or Pe								
(j) General or managing partner? Yes No								R (Fo
(h) (i) (j) (k) Disproportional propertion allocations? Code V-UBI ceneral or language allocations? Percentage ownership partner? Ves No (Form 1065) Yes No								Schedule R (Form 990) 2016
(h) Disproportionate allocations? Yes No								
Dispr tior alloca								
(g) Share of end-of-year assets								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) orgs.? Yes No								
partr 500 ler								
(d) Predominant income (related, unrelated, sections 512-514)								
ign e								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(b) lary a								
Prim								
		<u> </u>						
(a) Name, address, and EIN of entity								
s, and ty								
(a) ddress of enti								
πe, αα								
Nar								
ı l		1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1	1 1 1 1