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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ARTS MIDWEST INC

% JOE KEEGAN

Doing business as

Number and street (or P O box if mail is not delivered to street address)

2908 HENNEPIN AVENUE Suite 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MINNEAPOLIS, MN 55408

F Name and address of principal officer

DAVID J FRAHER

2908 HENNEPIN AVENUE STE 200

MINNEAPOLIS, MN 55408

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW ARTSMIDWEST ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1973

M State of legal domicile

MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROMOTE CREATIVITY, NURTURE CULTURAL LEADERSHIP & ENGAGE PEOPLE IN MEANINGFUL ARTS EXPERIENCES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

21

4 Number of independent voting members of the governing body (Part VI, line 1b)

20

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

26

6 Total number of volunteers (estimate if necessary)

51

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

6,697,289

9 Program service revenue (Part VIII, line 2g)

988,008

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

7,962

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

40,830

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

7,734,089

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

2,371,033

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,766,985

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶138,569

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

2,139,360

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

6,277,378

19 Revenue less expenses Subtract line 18 from line 12

1,456,711

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

6,900,682

21 Total liabilities (Part X, line 26)

3,070,558

22 Net assets or fund balances Subtract line 21 from line 20

3,830,124

Part II Signature Block

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

Sign Here

Signature of officer

DAVID J FRAHER PRESIDENT & CEO

Type or print name and title

2018-11-10

Date

Paid Preparer Use Only

Print/Type preparer's name

WENDY HARDEN CPA

Preparer's signature

WENDY HARDEN CPA

Date

Check ☐ if self-employed

PTIN P00956490

Firm's name ▶ SCHECHTER DOKKEN KANTER

Firm's EIN ▶

Firm's address ▶ 100 WASHINGTON AVE SO 1600

Phone no (612) 332-5500

MINNEAPOLIS, MN 55401

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

ARTS MIDWEST PROMOTES CREATIVITY, NURTURES CULTURAL LEADERSHIP, AND ENGAGES PEOPLE IN MEANINGFUL ARTS EXPERIENCES, BRINGING VITALITY TO MIDWEST COMMUNITIES AND ENRICHING PEOPLES LIVES (SEE CONTINUATION ON SCHEDULE O)

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | | | | | | | |
|---------------------|---------|--------------|-----------|------------------------|-------------|-------------|-----------|
| 4a | (Code) | (Expenses \$ | 3,319,276 | including grants of \$ | 1,354,869) | (Revenue \$ | 665,358) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|-----------|------------------------|-------------|-------------|-----------|
| 4b | (Code) | (Expenses \$ | 1,421,412 | including grants of \$ | 1,067,618) | (Revenue \$ | 331,438) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|-----------|------------------------|-----------|-------------|---|
| 4c | (Code) | (Expenses \$ | 1,160,320 | including grants of \$ | 200,000) | (Revenue \$ |) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|--------|------------------------|-----|-------------|----------|
| | (Code) | (Expenses \$ | 42,849 | including grants of \$ | 0) | (Revenue \$ | 33,928) |
| REGIONAL ACTIVITIES | | | | | | | |

| | | | | | | | |
|-----------|--|--------|------------------------|-----|-------------|----------|--|
| 4d | Other program services (Describe in Schedule O) | | | | | | |
| | (Expenses \$ | 42,849 | including grants of \$ | 0) | (Revenue \$ | 33,928) | |

| | | | | | | | |
|-----------|---------------------------------------|---|-----------|--|--|--|--|
| 4e | Total program service expenses | ▶ | 5,943,857 | | | | |
|-----------|---------------------------------------|---|-----------|--|--|--|--|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | No |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|------------|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 38 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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. | 26 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| 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 Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | 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 organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 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 amounts due or received from them). | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section 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 | 21 | |
| 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 | Enter the number of voting members included in line 1a, above, who are independent | 20 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA, IL, IN, IA, MA, MI, MN, NY, ND, OH, OR, SD, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ JOE KEEGAN 2908 HENNEPIN AVENUE SUITE 200 MINNEAPOLIS, MN 554081954 (612) 341-0755

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PETER CAPELL CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (2) RHODA PIERCE VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (3) BRIAN TIEMANN TREASURER | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (4) MATTHEW HARRIS SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (5) MICHAEL VINSON MEMBER AT-LARGE | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (6) FLAVIA BASTOS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) BRIAN J BONDE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) SANDI CLARK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) LOANN CRANE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) KEN FISCHER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) SYLVIA C KAUFMAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) MARY PICKARD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) KYMM MARTINEZ DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) ASHWINI RAMASWAMY DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) JANE RASMUSSEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) OMARI RUSH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (17) GREGORY VOLAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SARA VANCE WADDELL DIRECTOR | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (19) MATTHEW WALLACE DIRECTOR | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (20) JAN WEBB DIRECTOR | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (21) DAVID J FRAHER PRESIDENT & CEO | 50 0 0 0 | X | | X | | | | 186,895 | 0 | 25,172 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 186,895 | 0 | 25,172 |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| METROPOLITAN GROUP, 519 SW 3RD AVENUE SUITE 700 PORTLAND, OR 97204 | COMMUNIC /CONSULTING | 418,991 |
| | | |
| | | |
| | | |
| | | |

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

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

| | | |
|---|-----------|-----------|
| 1a Federated campaigns . . . | 1a | |
| b Membership dues . . . | 1b | |
| c Fundraising events . . . | 1c | |
| d Related organizations | 1d | |
| e Government grants (contributions) | 1e | 4,445,091 |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 441,258 |
| g Noncash contributions included in lines 1a-1f \$ _____ | | |
| h Total. Add lines 1a-1f | | 4,886,349 |

| (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|----------------------|--|---|--|
|----------------------|--|---|--|

Program Service Revenue

| | | | | | |
|--|---------------|-----------|---------|--|---------|
| 2a ARTS MIDWEST CONFERENCE | Business Code | | | | |
| b STATE ARTS AGENCY DUES | 711300 | 665,358 | 665,358 | | 331,438 |
| c STATE SPECIAL PROJECTS | 900099 | 331,438 | | | |
| d _____ | 711130 | 33,928 | 33,928 | | |
| e _____ | | | | | |
| f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 1,030,724 | | | |

Other Revenue

| | | | | | |
|--|----------------|---------------|---------|--|---------|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 27,371 | | | 27,371 |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 Royalties | | 0 | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | 0 | 0 | | | |
| d Net rental income or (loss) | | | 0 | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses | | 341 | | | |
| c Gain or (loss) | | -341 | | | |
| d Net gain or (loss) | | | -341 | | -341 |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | 0 | | | |
| b Less direct expenses | b | 0 | | | |
| c Net income or (loss) from fundraising events | | | 0 | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | 0 | | | |
| b Less direct expenses | b | 0 | | | |
| c Net income or (loss) from gaming activities | | | 0 | | |
| 10a Gross sales of inventory, less returns and allowances | a | 0 | | | |
| b Less cost of goods sold | b | 0 | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a MISCELLANEOUS REVENUE | 900099 | 124,536 | | | 124,536 |
| b _____ | | | | | |
| c _____ | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 124,536 | | | |
| 12 Total revenue. See Instructions | | 6,068,639 | 699,286 | | 483,004 |

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 2,622,487 | 2,622,487 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 242,191 | 96,877 | 134,658 | 10,656 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 1,322,676 | 833,346 | 413,409 | 75,921 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 77,346 | 49,078 | 24,127 | 4,141 |
| 9 Other employee benefits. | 157,544 | 98,610 | 50,555 | 8,379 |
| 10 Payroll taxes. | 98,668 | 58,736 | 33,644 | 6,288 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 1,444 | 1,444 | | |
| c Accounting. | 70,909 | | 70,909 | |
| d Lobbying. | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 779,634 | 753,004 | 24,705 | 1,925 |
| 12 Advertising and promotion. | 45,982 | 45,982 | | |
| 13 Office expenses. | 95,548 | 56,342 | 38,199 | 1,007 |
| 14 Information technology. | 134,555 | 21,844 | 112,684 | 27 |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 157,695 | | 157,695 | |
| 17 Travel. | 561,484 | 446,639 | 99,762 | 15,083 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 316,912 | 277,781 | 36,687 | 2,444 |
| 20 Interest. | 0 | | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 42,532 | | 42,532 | |
| 23 Insurance. | 18,600 | 417 | 18,183 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a COST ALLOC-OVERHEAD/INDIRECT | 0 | 578,027 | -590,624 | 12,597 |
| b MEMBERSHIPS | 16,995 | 3,008 | 13,937 | 50 |
| c BAD DEBT EXPENSE | 8,839 | 134 | 8,676 | 29 |
| d OTHER MISC | 6,663 | 101 | 6,540 | 22 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 6,778,704 | 5,943,857 | 696,278 | 138,569 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|--------------------|--------------------------|------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | | 1,374,771 | 2 | 1,082,895 |
| | 3 | Pledges and grants receivable, net | | 4,346,712 | 3 | 3,619,709 |
| | 4 | Accounts receivable, net | | 34,214 | 4 | 27,597 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 93,477 | 9 | 120,969 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 451,398 | | | |
| | b | Less: accumulated depreciation | 10b 411,888 | 80,741 | 10c | 39,510 |
| | 11 | Investments—publicly traded securities | | 970,767 | 11 | 1,331,105 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 0 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 6,900,682 | 16 | 6,221,785 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 269,093 | 17 | 261,149 |
| | 18 | Grants payable | | 2,233,100 | 18 | 2,326,346 |
| | 19 | Deferred revenue | | 568,365 | 19 | 460,936 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,070,558 | 26 | 3,048,431 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 2,000,339 | 27 | 2,089,786 |
| | 28 | Temporarily restricted net assets | | 1,829,785 | 28 | 1,083,568 |
| | 29 | Permanently restricted net assets | | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 3,830,124 | 33 | 3,173,354 |
| 34 | Total liabilities and net assets/fund balances | | 6,900,682 | 34 | 6,221,785 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,068,639 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,778,704 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -710,065 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,830,124 |
| 5 | Net unrealized gains (losses) on investments | 5 | 53,295 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,173,354 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 41-1000424
Name: ARTS MIDWEST INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PERFORMING ARTS Arts Midwest manages seven programs which connect high-quality performing artists to audiences in the Midwest and nationally Arts Midwest Touring Fund supports professional performing artists touring in our nine states Arts Midwest World Fest presents international musical ensembles in week-long residencies in smaller Midwest communities Arts Midwest FolkeFest presents international Scandinavian musical ensembles in week-long residencies in Midwest communities (See continuation on Schedule O)

Form 990, Part III, Line 4b:

LITERARY ARTS Arts Midwest manages NEA Big Read on behalf of the National Endowment for the Arts NEA Big Read is a program which broadens our understanding of our world, our communities, and ourselves through the joy of sharing a good book NEA Big Read supports organizations across the country in developing community-wide reading programs which encourage reading and participation by diverse audiences Organizations selected to participate in NEA Big Read receive a grant, access to online training resources and opportunities, and educational and promotional materials designed to support widespread community involvement (See continuation on Schedule O)

Form 990, Part III, Line 4c:

LEARNING INITIATIVES ArtsLab creates learning opportunities for leaders in the arts and culture sector, strengthening the role and relevance of arts organizations through leadership and strategy development. ArtsLab provides intensive professional development training, mentorship, and technical assistance for cultural leaders in the Upper Midwest through peer learning communities typically ranging from 6-9 months in duration. ArtsLab is rooted in the belief that the arts are essential to a Midwest filled with vibrant communities, competitive industries, and strong economies (See continuation on Schedule O)

| | | |
|---|--|---|
| SCHEDULE A (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 2017 Open to Public Inspection |
| | Department of the Treasury Internal Revenue Service Name of the organization ARTS MIDWEST INC | Employer identification number 41-1000424 |

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|-----------|-----------|-----------|-----------|-----------|------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | 4,452,577 | 5,496,231 | 4,940,113 | 6,697,289 | 4,886,349 | 26,472,559 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 4,452,577 | 5,496,231 | 4,940,113 | 6,697,289 | 4,886,349 | 26,472,559 |
| 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) | | | | | | 545,298 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 25,927,261 |

| Section B. Total Support | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
| 7 | Amounts from line 4 | 4,452,577 | 5,496,231 | 4,940,113 | 6,697,289 | 4,886,349 | 26,472,559 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,458 | 1,086 | 699 | 8,960 | 27,371 | 39,574 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 21,370 | 18,263 | 17,986 | 40,830 | 124,536 | 222,985 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 26,735,118 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 5,335,236 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|--|-------------|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 96.978 % |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 93.791 % |
| 16a | 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | |
| b | 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| | 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

| | Yes | No |
|---|-----------|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| | 2b | |
| 3 Parent of Supported Organizations Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | 3b | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID:
Software Version:
EIN: 41-1000424
Name: ARTS MIDWEST INC

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

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

2017

Open to Public Inspection

Name of the organization
ARTS MIDWEST INC

Employer identification number
41-1000424

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

| | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | 0 | 183,549 | 181,540 | 2,009 |
| d Equipment | 0 | 184,591 | 148,732 | 35,859 |
| e Other | 0 | 83,258 | 81,616 | 1,642 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 39,510 |

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| | | |
| (2) | | |
| (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 ☐

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

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 6,128,974 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 53,295 |
| b | Donated services and use of facilities | 2b | 6,699 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 341 |
| e | Add lines 2a through 2d | 2e | 60,335 |
| 3 | Subtract line 2e from line 1 | 3 | 6,068,639 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 6,068,639 |

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 6,785,744 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 6,699 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 341 |
| e | Add lines 2a through 2d | 2e | 7,040 |
| 3 | Subtract line 2e from line 1 | 3 | 6,778,704 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 6,778,704 |

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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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| | |
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| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 41-1000424
Name: ARTS MIDWEST INC

Supplemental Information

| Return Reference | Explanation |
|-----------------------|--|
| PART XI & XII LINE 2D | LOSS ON DISPOSAL OF FIXED ASSETS REPORTED ON PART VIII, LINE 7 \$341 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
ARTS MIDWEST INC

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

41-1000424

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 336,688 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 336,688 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 3 | All expenditures in Part I, Line 3, Part F are accounted for on the Accrual Basis |

Additional Data

Software ID:
Software Version:
EIN: 41-1000424
Name: ARTS MIDWEST INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | | Program Services | PROGRAMMING/TRAVEL | 9,275 |
| North America | | | Program Services | PROGRAMMING/TRAVEL | 2,695 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | | Program Services | PROGRAMMING/TRAVEL | 169,607 |
| Central America and the Caribbean | | | Program Services | PROGRAMMING/TRAVEL | 1,267 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Program Services | PROGRAMMING/TRAVEL | 96,296 |
| Middle East and North Africa | | | Program Services | PROGRAMMING/TRAVEL | 57,548 |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ARTS MIDWEST INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
41-1000424

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2

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

Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | According to our established sub-recipient monitoring policy we have several monitoring methods in place. We require our grantees to submit program information at specific intervals for their award. This includes but is not limited to program calendars, artist contracts, summary reports, and a final report on activities. We conduct a handful of site visits per program and program cycle. We assess risk on the federal programs by requiring registration with SAM.gov. Finally, Arts Midwest staff maintain a regular schedule of communication with each grantee via email, telephone, and grantee web portals. |

Additional Data

Software ID:
Software Version:
EIN: 41-1000424
Name: ARTS MIDWEST INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Anaheim Public Library 500 W Broadway Ave Anaheim, CA 928053601 | 95-6000666 | 170(c)(1) | 15,000 | | | | Big Read |
| ArtReach St Croix 224 N 4th St Stillwater, MN 550824807 | 41-1758837 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Arvada Center For The Arts And Humanities 6901 Wadsworth Blvd Arvada, CO 800033448 | 84-0849472 | 501(c)(3) | 15,000 | | | | Big Read |
| Billings Cultural Partners 622 North 29th St Billings, MT 591011130 | 81-0625752 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Board of Educ of the Toms River Reg School 1144 Hooper Avenue Toms River, NJ 087538361 | 21-6000322 | 170(c)(1) | 15,000 | | | | Big Read |
| Board of Trustees of the University of IL 1901 S First Street Suite A Champaign, IL 618207406 | 37-6000511 | 501(c)(3) | 14,990 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Center for Arts-Inspired Learning 10917 Magnolia Drive Cleveland, OH 441061809 | 34-1241756 | 501(c)(3) | 15,000 | | | | Big Read |
| Central Rappahannock Regional Library 125 Olde Greenwich Dr Fredericksburg, VA 224084005 | 54-1539807 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Central Washington University 400 East University Way Ellensburg, WA 989267510 | 91-6000618 | 170(c)(1) | 6,490 | | | | Big Read |
| Chesapeake Children's Museum 25 Silopanna Rd Annapolis, MD 214031117 | 52-1808319 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| City of Attleboro 74 North Main Street Attleboro, MA 027032280 | 04-6001378 | 170(c)(1) | 15,000 | | | | Big Read |
| City of Farmers Branch 13613 Webb Chapel Rd Farmers Branch, TX 752343746 | 75-6003955 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| City of Germantown 1930 South Germantown Rd Germantown, TN 38138 | 62-6014996 | 170(c)(1) | 12,500 | | | | Big Read |
| City of Irving 801 W Irving Blvd Irving, TX 750602845 | 75-6000566 | 170(c)(1) | 10,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| City of Jersey City 280 Grove St Jersey City, NJ 07302 | 22-6002013 | 170(c)(1) | 15,000 | | | | Big Read |
| City of Los Angeles 201 North Figueroa Street Los Angeles, CA 900122637 | 95-6000735 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| City of Nacogdoches 1112 North St Nacogdoches, TX 759614482 | 75-6000621 | 170(c)(1) | 13,000 | | | | Big Read |
| Columbia College Chicago 600 S Michigan Ave Chicago, IL 606051996 | 36-6112087 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| County of Forsyth 660 West Fifth Street Winston Salem, NC 271012705 | 56-6000450 | 170(c)(1) | 10,000 | | | | Big Read |
| County of Mendocino 105 N Main St Ukiah, CA 954644403 | 94-6000520 | 170(c)(1) | 10,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| County of Volusia 1290 Indian Lake Rd Daytona Beach, FL 321241038 | 59-0000885 | 170(c)(1) | 15,000 | | | | Big Read |
| Eiteljorg Museum of Am IndiansWestern Art 500 West Washington Steet Indianapolis, IN 462042707 | 31-1139447 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Fishtrap Inc 400 East Grant St Enterprise, OR 978281321 | 93-1075971 | 501(c)(3) | 12,500 | | | | Big Read |
| Foster-Glocester Regional School District 91 Anan Wade Rd North Scituate, RI 028572611 | 05-6002823 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Freeport City Hall 100 E Douglas St Freeport, IL 610324116 | 36-6005886 | 501(c)(3) | 10,100 | | | | Big Read |
| Friends of the Homer Public Library 500 Hazel Ave Homer, AK 996037849 | 92-0092030 | 170(c)(1) | 10,830 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Galesburg Public Library 40 E Simmons St Galesburg, IL 614014515 | 37-6001163 | 501(c)(3) | 10,000 | | | | Big Read |
| Georgia College & State University 231 West Hancock Street Milledgeville, GA 310612857 | 58-6002064 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Golden Isles Arts and Humanities Assoc 1530 Newcastle St Brunswick, GA 315206805 | 58-1822047 | 170(c)(1) | 15,000 | | | | Big Read |
| Hope College 141 E 12th St Holland, MI 494233607 | 38-1381271 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Kenosha Public Library 812 56th St Kenosha, WI 531403735 | 39-6091654 | 501(c)(3) | 15,000 | | | | Big Read |
| Lewis & Clark Library 120 S Last Chance Gulch St Helena, MT 596014165 | 81-0398318 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| LGAA-Locust Grove Arts Alliance 6620 S 4382 Locust Grove, OK 743525181 | 47-3092085 | 170(c)(1) | 14,475 | | | | Big Read |
| Lincoln County Public Library 201 Lancaster St Stanford, KY 404841242 | 61-0675287 | 501(c)(3) | 13,600 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Lonesome Pine Regional Library 124 Library Road Southwest Wise, VA 242935907 | 54-0899091 | 170(c)(1) | 13,830 | | | | Big Read |
| Longwood University 201 High St Farmville, VA 239091801 | 54-6001788 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Massillon Museum 121 Lincoln Way E Massillon, OH 446466633 | 34-6001833 | 501(c)(3) | 15,000 | | | | Big Read |
| Matthews Opera House and Arts Center 612 N Main St Spearfish, SD 577832445 | 36-3652212 | 501(c)(3) | 13,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Maysville & Mason County Library 215 Sutton Street Maysville, KY 410561109 | 61-0444776 | 501(c)(3) | 15,000 | | | | Big Read |
| Miami Dade College 300 NE Second Ave Freedom Tower 7 Miami, FL 331322204 | 59-1210485 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Mid-Columbia Libraries 405 S Dayton St Kennewick, WA 993365660 | 91-1274281 | 501(c)(3) | 15,000 | | | | Big Read |
| Mississippi Valley State University 14000 Highway 82 W Itta Bena, MS 389411400 | 64-6001395 | 170(c)(1) | 10,150 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Missoula Public Library 301 East Main Street Missoula, MT 598024735 | 81-6001397 | 501(c)(3) | 15,000 | | | | Big Read |
| Muscogee County Friends of Libraries 5101 Hamilton Rd Columbus, GA 319044460 | 31-1596861 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| National Steinbeck Center 1 Main St Miami Book Fair Salinas, CA 939013436 | 77-0006320 | 501(c)(3) | 14,770 | | | | Big Read |
| Neutral Zone 310 E Washington Ann Arbor, MI 481042010 | 38-3407568 | 501(c)(3) | 13,870 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| New Haven Int'l Festival of Arts & Ideas 195 Church St New Haven, CT 065112009 | 06-1444222 | 501(c)(3) | 15,000 | | | | Big Read |
| Odessa Council for the Arts & Humanities 415 N Grant St Ste 200 Odessa, TX 797605119 | 75-1663253 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Old Dominion University Research Foundation 4111 Monarch Way Suite 204 Norfolk, VA 235082561 | 54-6068198 | 501(c)(3) | 15,000 | | | | Big Read |
| Pacific Historic Parks 94-1187 Ka Uka Blvd Waipahu, HI 967971187 | 99-0194501 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Pennyroyal Arts Council Inc 425 E 9th St Hopkinsville, KY 422403452 | 31-0922296 | 501(c)(3) | 15,000 | | | | Big Read |
| Peoria Public Library 107 Northeast Monroe St Peoria, IL 616021070 | 37-6001761 | 501(c)(3) | 6,575 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Poughkeepsie Public Library District 93 Market St Poughkeepsie, NY 126014029 | 14-1701733 | 170(c)(1) | 15,000 | | | | Big Read |
| Prime Stage Theatre 6 Allegheny Square E Pittsburgh, PA 152205306 | 25-1784757 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Quincy Public Library 526 Jersey St Quincy, IL 623013996 | 37-6000383 | 501(c)(3) | 15,000 | | | | Big Read |
| Rutgers State University 311 North 5th Street Camden, NJ 081021045 | 22-6001086 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Saint Louis University 221 N Grand Blvd St Louis, MO 631032006 | 43-0654872 | 501(c)(3) | 15,000 | | | | Big Read |
| Schaumburg Township District Library 130 S Roselle Rd Schaumburg, IL 601931647 | 36-2513027 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Seven Stages Inc 1105 Euclid Avenue Atlanta, GA 303071925 | 58-1372363 | 170(c)(1) | 15,000 | | | | Big Read |
| Sistema Universitario Ana G Mendez Inc State Road 189 Km 33 Gurabo, PR 007783030 | 66-0201206 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Southside Virginia Community College Foundation 109 Campus Dr Alberta, VA 238212930 | 52-1238450 | 501(c)(3) | 11,138 | | | | Big Read |
| Staten Island OutLOUD 350 Richmond Terrace Staten Island, NY 103011516 | 27-1531761 | 501(c)(3) | 8,500 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| The Berry Center Inc 111 S Main St New Castle, KY 400500582 | 80-0721644 | 501(c)(3) | 14,700 | | | | Big Read |
| The Community Library Association Inc 415 Spruce Ave Ketchum, ID 83340 | 82-0290944 | 501(c)(3) | 10,000 | | | | Big Read |

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| The Ferguson Library 96 Broad Street Stamford, CT 069042312 | 06-0646528 | 501(c)(3) | 13,700 | | | | Big Read |
| The Lake County Library 1425 N High St Lakeport, CA 954533857 | 94-6000825 | 501(c)(3) | 5,700 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| The Trustees of Indiana University 1700 Mishawaka Ave South Bend, IN 47401 | 35-6001673 | 170(c)(1) | 13,400 | | | | Big Read |
| The University of Baltimore Foundation 1130 N Charles St Baltimore, MD 212015506 | 23-7036780 | 501(c)(3) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| The University of Central Florida Board of Trustee 12201 Research Pkwy Orlando, FL 328263246 | 59-2924021 | 501(c)(3) | 15,000 | | | | Big Read |
| The University of Texas at El Paso 500 W University Ave El Paso, TX 799680587 | 74-6000813 | 170(c)(1) | 15,000 | | | | Big Read |

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| University of Arkansas at Fort Smith 5210 Grand Ave Fort Smith, AR 729133649 | 71-0394794 | 170(c)(1) | 15,000 | | | | Big Read |
| Vigo County Public Library 680 Poplar St Terre Haute, IN 478073609 | 35-1300359 | 170(c)(1) | 15,000 | | | | Big Read |

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| Village of Menomonee Falls W156 N8436 Pilgrim Rd Menomonee Falls, WI 53051 | 39-6006317 | 170(c)(1) | 12,800 | | | | Big Read |
| Waukesha Public Library 321 Wisconsin Ave Waukesha, WI 531864713 | 39-6005642 | 170(c)(1) | 15,000 | | | | Big Read |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Wauwatosa Neighborhood Assoc Council Inc 1837 N 68th St Wauwatosa, WI 532132309 | 74-3157873 | 170(c)(1) | 12,000 | | | | Big Read |
| Wichita Public Library Foundation 223 South Main St Wichita, KS 672023715 | 48-6000653 | 501(c)(3) | 15,000 | | | | Big Read |

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| Write Out Loud 3640 Alabama St San Diego, CA 921044006 | 23-7257065 | 501(c)(3) | 15,000 | | | | Big Read |
| Actors' Shakespeare Project Inc 191 Highland Ave Ste 2B Somerville, MA 021431544 | 20-0815685 | 501(c)(3) | 25,000 | | | | Shakespeare |

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| African-American Shakespeare Company 762 Fulton St Ste 306 San Francisco, CA 941024119 | 94-3192980 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Alabama Shakespeare Festival One Festival Dr Montgomery, AL 36117 | 63-0652734 | 501(c)(3) | 25,000 | | | | Shakespeare |

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| American Players Theatre of Wisconsin PO Box 819 Spring Green, WI 535880819 | 39-1583361 | 501(c)(3) | 25,000 | | | | Shakespeare |
| American Shakespeare Center 20 S New St 4th Fl Staunton, VA 244014308 | 54-1487955 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Aquila Theatre Company PO Box 456 Katonah, NY 105360456 | 57-1069546 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Barter Foundation Inc State of Virginia PO Box 867 Abingdon, VA 242120867 | 54-6000120 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| California Shakespeare Theater 701 Heinz Avenue Berkeley, CA 947102732 | 51-0169452 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Chicago Shakespeare Theater 800 East Grand Avenue Chicago, IL 606115461 | 36-3467607 | 501(c)(3) | 25,000 | | | | Shakespeare |

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| Cincinnati Shakespeare Company 217 W 12th St Cincinnati, OH 452027532 | 31-1413229 | 501(c)(3) | 25,000 | | | | Shakespeare |
| CSC Repertory Ltd 136 East 13th Street New York, NY 100035306 | 23-7025308 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Denver Center for the Performing Arts 1101 13th Street Denver, CO 802045319 | 84-0407760 | 501(c)(3) | 25,000 | | | | Shakespeare |
| GableStage Inc 1200 Anastasia Avenue Suite 230 Coral Gables, FL 331346339 | 59-1972774 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Great Lakes Theater Festival Inc 1501 Euclid Avenue Suite 300 Cleveland, OH 441152113 | 34-0901212 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Guthrie Theater Foundation 818 South 2nd Street PlayMakers Repertory Company Minneapolis, MN 554151252 | 41-0854160 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Hartford Stage Company 50 Church Street Hartford, CT 061031201 | 06-0790484 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Hudson Valley Shakespeare Festival Inc 143 Main Street Cold Spring, NY 105162819 | 13-3499385 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Idaho Shakespeare Festival Inc PO Box 9365 Boise, ID 837079365 | 82-0316246 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Indiana Repertory Theatre 140 West Washington Street Indianapolis, IN 462043465 | 35-1186290 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Kentucky Shakespeare Festival 323 West Broadway East Suite 401 Louisville, KY 402022476 | 61-6036654 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Montana State University PO Box 172470 Bozeman, MT 597172470 | 81-6010045 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Nashville Shakespeare Festival 161 Rains Avenue c/o Dept of Fine Arts Creighton U Nashville, TN 372035330 | 58-1807951 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Nebraska Shakespeare Festival 2500 California Plaza Omaha, NE 681780133 | 47-0699092 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Oregon Shakespeare Festival Association 15 S Pioneer St Ashland, OR 975202749 | 93-0407022 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Park Square Theatre Company 408 St Peter St Ste 110 St Paul, MN 55102 | 41-1280683 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Pennsylvania Shakespeare Festival 2755 Station Ave Center Valley, PA 180349565 | 23-2655672 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Repertory Theatre of St Louis 130 Edgar Road St Louis, MO 631193228 | 43-0970273 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Sandra Feinstein-Gamm Theatre 172 Exchange St Pawtucket, RI 028602211 | 22-2797284 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Seattle Repertory Theatre PO Box 900923 Seattle, WA 981094639 | 91-0756535 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Shakespeare Theatre 516 8th St Se Washington, DC 200032834 | 52-1405988 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Southern Utah University 351 W Center St Cedar City, UT 847202470 | 87-6000481 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Tennessee Shakespeare Company 7950 Trinity Rd Memphis, TN 380186297 | 26-2113887 | 501(c)(3) | 25,000 | | | | Shakespeare |
| The People's Light & Theatre Company 39 Conestoga Road Malvern, PA 193551706 | 23-7313407 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| The Regents of the University of Colorado 277 UCB Boulder, CO 803091058 | 84-6000555 | 501(c)(3) | 25,000 | | | | Shakespeare |
| The Shakespeare Theatre of New Jersey 3 Vreeland Road Florham Park, NJ 079321505 | 22-1962163 | 170(a)(1) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Theater at Monmouth PO Box 385 Monmouth, ME 042590385 | 01-0287022 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Theatre for a New Audience 154 Christopher Street Suite 3D New York, NY 100142840 | 13-3059081 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Trinity Repertory Company 201 Washington Street Providence, RI 029033297 | 22-2547262 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Trustees of Amherst College 201 East Capitol Street Southeast Washington, DC 200091004 | 04-2103542 | 501(c)(3) | 25,000 | | | | Shakespeare |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Will Geer Theatricum Botanicum PO Box 1222 Topanga, CA 902901222 | 23-7369475 | 501(c)(3) | 25,000 | | | | Shakespeare |
| Fitchburg Art Museum 185 Elm Street Fitchburg, MA 01420 | 04-6111758 | 501(c)(3) | 20,000 | | | | Creating Connections |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ArtsBoston INC 31 St James Avenue Suite 360 Boston, MA 02116 | 04-2563054 | 501(c)(3) | 20,000 | | | | Creating Connections |
| Massachusetts Museum of Contemporary Art 1040 MASS MoCA Way North Adams, MA 01003 | 04-3113688 | 501(c)(3) | 20,000 | | | | Creating Connections |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Boston Chinatown Neighborhood Center 885 Washington Street Boston, MA 02111 | 23-7209691 | 501(c)(3) | 20,000 | | | | Creating Connections |
| City Awake 265 Franklin St Boston, MA 02110 | 04-2790704 | 501(c)(3) | 20,000 | | | | Creating Connections |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Featherstone Center for the Arts PO Box 1145 Oak Bluffs, MA 02557 | 04-2725296 | 501(c)(3) | 20,000 | | | | Creating Connections |
| Emerson College Emerson College 120 Boylston Stree Boston, MA 02116 | 04-1285950 | 501(c)(3) | 20,000 | | | | Creating Connections |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Hyde Square Task Force 30 Sunnyside St Jamaica Plain, MA 02130 | 04-3118543 | 501(c)(3) | 20,000 | | | | Creating Connections |
| Enchanted Circle Theater 4 Open Square Way Suite 206 Holyoke, MA 01040 | 04-2685213 | 501(c)(3) | 20,000 | | | | Creating Connections |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASSCreative 15 Channel Center Street Boston, MA 02210 | 46-0904093 | 501(c)(3) | 20,000 | | | | Creating Connections |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No 1545-0047 |
| | | 2017 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 . | |
| Name of the organization ARTS MIDWEST INC | | Employer identification number 41-1000424 |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ARTS MIDWEST INC

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

2017

Open to Public Inspection

Employer identification number

41-1000424

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART III, LINE 1 | (Continuation from Part III) Arts Midwest works collaboratively with private and public arts supporters throughout Illinois, Indiana, Iowa, Michigan, Minnesota, North Dakota, Ohio, South Dakota, and Wisconsin Arts Midwest designs and develops performing arts touring programs, leadership and strategic planning training, exhibitions, and funding programs that fulfill its mission |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| PART III, LINE 4A | <p>(Continuation from Part III) The Arts Midwest Conference convenes performing artists, artist managers, and presenters engaged in connecting the performing arts to audiences across the central U.S. Shakespeare in American Communities supports U.S. theater companies performing Shakespeare for high school and middle school students. NEA Performing Arts Discovery encourages international touring networks by introducing arts presenters from China and Chile to U.S. performing artists and artforms, primarily at our Arts Midwest Conference. Arts Midwests Dassa in China project is an international artist exchange that promotes curiosity across borders through the shared global language of hip-hop and popular music. Arts Midwest Touring Fund engages people in meaningful experiences with the fine arts of dance, music, theater, and other performing arts forms. The program provides financial support to presenting organizations in the Midwest. Funded engagements feature public performances and community engagement activities by professional touring artists that reach underserved audiences and foster exchanges between artists and Midwest communities. During the 2018-2019 funding season, Arts Midwest Touring Fund awarded over \$340,000 to 148 presenting organizations across the nine-state Midwest region. Arts Midwest World Fest connects small and mid-sized Midwestern communities to world cultures through week-long residencies with global performers. In late 2018 and early 2019, ensembles from China (Manhu), Norway (Unni Boksasp), Japan (Ondekoza) and Israel (Sofi & the Baladis) will conduct week-long residencies consisting of public concerts, school concerts, and outreach activities in the following nine Midwest communities: Dickinson, ND, Pierre, SD, Dubuque, IA, Prairie du Chien, WI, Red Wing, MN, Sterling, IL, Corydon, IN, Marietta, OH, and Flint, MI. The program provides arts enrichment while inspiring multicultural outreach, awareness, and appreciation. In each two-year cycle, we serve approximately 80,000 students and 14,000 adults through approximately 40 performances and 350 educational activities. The Arts Midwest Conference is the preeminent booking and educational conference for the Midwest performing arts industry. The 30th Annual Conference was held in Columbus, Ohio, August 28-31, 2017, it served 1,104 performing artists, managers, and agents, performing arts presenters/venues, and arts administrators from 47 states and the District of Columbia, six Canadian provinces, and the countries of Chile, China, Colombia, Brazil, France, India, Israel and Uruguay. Each year the four-day Arts Midwest Conference provides opportunities to network, learn, and experience live performing arts. Arts Midwest continues to manage Shakespeare in American Communities, which supports theater companies bringing professional productions of Shakespeare to middle and high school students across the country. In 2018-2019, this national program of the National Endowment for the</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|--|
| PART III, LINE 4A | <p>e Arts awarded \$1 million in grants to 40 nonprofit, professional theater companies across the nation to perform the works of William Shakespeare for students. Each of the participating theater companies will present productions of Shakespeare plays to students from 10 or more schools. Related educational activities include in-school residencies, workshops, and post-performance discussions. Through support from the National Endowment for the Arts, the NEA Performing Arts Discovery builds and sustains international arts networks and highlights the rich diversity of the U.S. performing arts market. The program seeks to share exceptional performers who may be unfamiliar to foreign presenters, provide a forum for collaboration between cultural organizations, and ultimately expand the global opportunities for performing artists from across the United States. In pursuit of this goal, the NEA Performing Arts Discovery brings booking representatives and leaders from global performing arts venues to the annual Arts Midwest Conference. International delegates receive a special orientation before participating fully in Conference programming, including visiting the exhibit hall, joining networking events, and attending performance showcases. After the Conference, Arts Midwest also arranges an in-depth forum on a local community with presentations by local experts, meetings with cultural leaders, studio and venue visits, and performances by local ensembles. In 2017, the NEA Performing Arts Discovery hosted five delegates from China, two delegates from Brazil, two delegates from Chile, one delegate from Uruguay, and one delegate from Colombia. Arts Midwest Folkefest presents traditional music ensembles from Norway, Sweden, Finland, Denmark, and Iceland for intensive, week-long residencies that feature public performances and educational activities for all ages and levels of musical experience. The program visits small and mid-sized communities in six Midwestern states: North Dakota, South Dakota, Iowa, Minnesota, Wisconsin, and the Upper Peninsula of Michigan, all of which experienced a significant influx of Scandinavian immigrants during the 1800s and 1900s. The program seeks to deepen awareness of the Nordic traditions, heritage, and history of the Upper Midwest and foster understanding and appreciation for global cultures. In 2017, Arts Midwest toured Kardemimmit from Finland to Chisholm, MN, Rice Lake, WI, and Marquette, MI. In 2017, planning began for the program Dessa in China, an Arts Midwest Global Exchange. From May 15 to June 3, 2018, Minneapolis-based singer, creative entrepreneur, and thought leader Dessa visited Beijing, Chengdu, Guangzhou, and Hong Kong for workshops and performances. Arts Midwest Global Exchanges create moments of surprise, curiosity, and cross-cultural exploration through interactive, person-to-person dialogue. By providing educational encounters in addition to performances, this program engaged audiences across China with a p</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| PART III, LINE 4A | rominent voice from a region of the United States less widely-known internationally Dessa s extraordinary music, personal lyrics, and creative expertise encouraged exploration of s hared experiences across countries Arts Midwest Global Exchange Dessa in China was produ ced by Arts Midwest in partnership with China Arts & Entertainment Group, with support fro m the U S EmbassyBeijing and the U S ConsulateHong Kong & Macau |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|--|
| PART III, LINE 4B | <p>(Continuation from Part III) Each community event lasts approximately one month and includes a kick-off event to launch the program locally, ideally attended by the mayor and other local luminaries, major events devoted specifically to the book (e g panel discussions and author reading), events using the book as a point of departure (e g film screenings and theatrical readings), and book discussions in diverse locations and aimed at a wide range of audiences In 2017-2018, 75 nonprofit organizations (including arts organizations, universities, libraries, and municipalities) representing 32 states received grants totaling \$1,012,600 to host Big Read programs between September 2017 and June 2018 Each community focused on one of 21 featured books</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| PART III, LINE 4C | <p>(Continuation from Part III) Creating Connection is a national communications and engagement initiative driven by a goal of making arts and culture a more recognized, valued, and expected part of everyday life. The program catalyzes social change around the way people support, advocate for, and expect creativity in their lives by conducting research on existing, deeply held public values, and pursuing communications strategies that demonstrate the connection between those values and arts, culture, and creative expression. Our activities include sharing our findings and recommendations at national conferences, providing trainings to arts organizations and community leaders across the country, and developing resources to guide those leaders in identifying and engaging new stakeholders and delivering creative experiences that are rooted in community values.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| PART VI, SECTION A, LINE 3 | THE ORGANIZATION CONTRACTS WITH CLIFTONLARSONALLEN, LLP, AN ACCOUNTING FIRM, TO PROVIDE FINANCIAL MANAGEMENT SERVICES DURING FY 2018, THE ORGANIZATION PAID \$37,991 FOR THESE SERVICES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| PART VI, SECTION A, LINE 6 | THE MEMBERS OF THE ORGANIZATION ARE NON-VOTING AND CONSIST OF THOSE INTERESTED IN THE GOALS AND PURPOSES OF THE CORPORATION MEMBERSHIP IS ATTAINED UPON APPLICATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| PART VI, SECTION B, LINE 11B | A DETAILED REVIEW WAS CONDUCTED BY THE ORGANIZATION'S PRESIDENT & CEO AND BY THE TREASURER THE FULL BOARD CONDUCTED A FINAL REVIEW AND APPROVAL OF THE RETURN PRIOR TO FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| PART VI, SECTION B, LINE 12C | <p>Each director, officer, key employee and member of a committee with board delegated powers shall complete and sign a conflicts of interest policy annual statement at the time of his or her initial election or appointment and annually thereafter. An interested person may make a presentation at the board or committee meeting regarding the proposed transaction or arrangement, but after such presentation, the interested person shall leave the meeting during the discussion of, and the vote on, the proposed transaction or arrangement that results in the conflict of interest. Additionally (1) the chairperson of the board (or committee) shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement (2) after exercising due diligence, the board (or committee) shall determine whether the organization can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest (3) If a more advantageous transaction or arrangement is not reasonably attainable under the circumstances that would not give rise to a conflict of interest, the board (or committee) shall determine by a majority vote of the disinterested directors (or committee members), whether the transaction or arrangement is in the organization's best interest and for its own benefit and whether the transaction is fair and reasonable to the organization and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination. Detailed minutes of board or committee meetings are maintained to document all such situations.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| PART VI, SECTION B, LINE 15A | <p>The executive committee sets compensation for the president & CEO. The executive committee uses the following procedures to set the compensation of the president & CEO: (1) for the purpose of setting the president & CEO's compensation, the executive committee shall be made up entirely of individuals who do not have a conflict of interest with respect to the compensation arrangement; (2) the executive committee obtains and relies upon appropriate data as to comparability prior to making its determination regarding the compensation of the president & CEO. Appropriate comparability data includes compensation levels paid by organizations of similar size and complexity nationally, regionally and locally, and current compensation surveys. Detailed documents are maintained of all deliberations and decisions. The process of determining the compensation of the president & CEO last included review and approval by independent persons, comparability data and contemporaneous substantiation in 2018. The executive committee delegates to the president & CEO the authority to set compensation for other executives.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| PART VI, SECTION C, LINE 19 | The organization does not make its governing documents or conflict of interest policy available to the public The organizations financial statements are made available to the public through the Minnesota Attorney Generals office |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 779634 |