Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

3 C	heck if	C Name of organization		D Employer identification number					
_	Addre _chang								
	_cnang _Name _chang			38-2206477					
	Initial return		m/suite	E Telephone number					
	Final return		111,00110	989-773-					
	termin ated	/ I		G Gross receipts \$	400,826.				
	Amen	MT PLEASANT, MI 48858		H(a) Is this a group					
	Application	F Name and address of principal officer: SCOTT MERTES		for subordinate					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates					
ΙT	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527		a list. See instructions				
	Vebsi			H(c) Group exemption					
			L Year o	of formation: 1981	M State of legal domicile: MI				
Pa	rt I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: COMMUN	ITY .	ART CENTER	ORGANIZED				
Governance		TO PROMOTE, STIMULATE AND ENCOURAGE INVOLVE							
er		Check this box if the organization discontinued its operations or disposed		I					
်		Number of voting members of the governing body (Part VI, line 1a)			19 19				
		Number of independent voting members of the governing body (Part VI, line 1b)			4				
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0				
ξį		Total number of volunteers (estimate if necessary)			 				
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11							
		Net unrelated business taxable income norm of 1950-1,1 art 1, line 11	<u> </u>	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		147,621.					
		Program service revenue (Part VIII, line 2g)		24,199.					
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		540.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,911.	49,945.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,271.	254,909.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		140,775.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ž		Total fundraising expenses (Part IX, column (D), line 25) 17, 223							
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,766.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		248,541.					
S	19	Revenue less expenses. Subtract line 18 from line 12		-7,270.	<u> </u>				
Net Assets or Fund Balances			Ве	ginning of Current Year 1,145,211.	End of Year 1,077,855.				
Sse Bala		Total assets (Part X, line 16)		138,599.					
nud		Total liabilities (Part X, line 26)		1,006,612.					
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,000,012.	943,911.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of n	ny knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p			iy kilowloago alla bollol, k lo				
,		7,,,,,,	<u> </u>						
Sigr	1	Signature of officer		Date					
Her		SCOTT MERTES, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Paid		CORINNA SCHARF, CPA CORINNA SCHARF, C	PA 0	6/06/23 if self-emplo	yed P01292761				
	arer	Firm's name WEINLANDER FITZHUGH PC		Firm's EIN 3	88-2272300				
Use	Only	Firm's address 601 BEECH ST.			00000000000				
		CLARE, MI 48617		Phone no. (9	89)386-3481				
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: COMMUNITY ART CENTER ORGANIZED TO PROMOTE, STIMULATE AND ENCOU	ID X CE
	INVOLVEMENT, APPRECIATION, ENJOYMENT AND UNDERSTANDING OF THE	
	MID-MICHIGAN	AKIS IN
	MID-MICHIGAN	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	☐ Yes 🕰 No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _21_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	
	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. (Code:) (Expenses \$ 90,822 • including grants of \$) (Revenue \$	68,718.)
4a	(Code:) (Expenses \$90,822. including grants of \$) (Revenue \$) ARTS & CULTURAL PROGRAMMING TO ENCOURAGE AN APPRECIATION FOR T	
	SCHOOL PROGRAMS, PUBLIC ART EVENTS, ART EXHIBITS, PERFORMANCES	<u> </u>
	CONSIGNEMENT SHOP TO PROMOTE LOCAL TALENTS	, ARTIDI
	CONDIGNAMENT DIGITIO TRONGTA DOCTA TRADENTA	
4b	(Code:) (Expenses \$	<u> </u>
	, (
4c	(Code:) (Expenses \$)
	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 90,822.	J
	. The program of the expenses	Form 990 (2022)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ ₃₇
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2022) ART REACH OF MID M Part IV | Checklist of Required Schedules (continued)

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00	Did the annual attended to the decided of the decided and the decided attended to the decided of the decided of		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x			
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23					
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
•	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	1		3,7			
	"Yes," complete Schedule L, Part IV	28c	₩.	X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v			
0.4	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31					
32	Schodula N. Part II	32		х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32					
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00					
٠.	Part V, line 1	34		х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O	38	X				
Part V Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24	_					
b		4					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v				
	(gambling) winnings to prize winners?	1 1c	X	I			

022) ART REACH OF MID MICHIGAN Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х			
3а	· · · · · · · · · · · · · · · · · · ·		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х		
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	, ,			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				Х		
	any contributions that were not tax deductible as charitable contributions?		6a		Λ		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		C.L				
-	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	wices provided to the payor?	70		Х		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a 7b		21		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76				
С	to file Form 8282?	•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1	70				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
			8				
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b							
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	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					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	•	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405					
_	organization is licensed to issue qualified health plans	13b					
C 140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		X		
14a		/a O	14b		- 21		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		יייט				
.5	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.		13				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?	16		Х		
.0	If "Yes," complete Form 4720, Schedule O.				-3		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19								
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19								
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?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Did the organization have members or stockholders?									
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?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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 on Schedule O	9		Х					
Sec	tion 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?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		X					
b	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?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MI		_						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial						
	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 AMY POWELL - 989-773-3689								
	111 E BROADWAY, MT. PLEASANT, MI 48858								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizatio (A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	\vdash		u a u	I	T a da	1	from the	from related organizations	other
	(list any hours for	· director				P		organization	(W-2/1099-MISC/	compensation from the
	related	5	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	nal tru		loyee	dwo:		1099-NEC)		and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) AMY POWELL	40.00	드	드	Of	ΑŘ	포 등	요			
EXECUTIVE DIRECTOR		1		х				54,648.	0.	0.
(2) PAMELA GATES	1.00									
DIRECTOR		Х						0.	0.	0.
(3) STEVE PUNG	1.00									
TRUSTEE		Х						0.	0.	0.
(4) JOHN JENSEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(5) JEFF HOYLE	1.00	↓								
PAST PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) FRITZ KUHLMAN	1.00	٠,,							0	0
DIRECTOR	1 00	Х				_		0.	0.	0.
(7) SARA DOSENBERRY	1.00	X		х				0.	0.	0.
VICE PRESIDENT (8) MARY LU YARDLEY	1.00	^		Λ				0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(9) SCOTT MERTES	5.00	122						0.	•	0.
PRESIDENT	3.00	x		Х				0.	0.	0.
(10) DEBORAH DORN	1.00	┢								
TRUSTEE		x						0.	0.	0.
(11) SANDY OLSON	1.00							-		
TRUSTEE		X						0.	0.	0.
(12) CAROL SANTINI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LINDA BEARD	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JEFF BEST	1.00									
DIRECTOR		X						0.	0.	0.
(15) JUDY FRENCH SMITH	1.00							_	_	_
TRUSTEE		Х	Ш					0.	0.	0.
(16) TINA GAILLARD	1.00	1								_
TREASURER	1 22	Х	Щ	Х		_		0.	0.	0.
(17) DAN GAKEN	1.00	ļ ,,							_	_
DIRECTOR		Х						0.	0.	0.

232007 12-13-22

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A) (B)			(C)					(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one					Reportable	Reportable		1	timate	
	hours per week					is bot or/trus		1	compensation			nount c	of
	(list any	tor					Ė	_ from the	from related organization			other pensat	tion
	hours for	direc.				pa			(W-2/1099-MI			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	org	anizati	on
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	ımer				orga	anizatio	ns
(18) KIM JOURDAN-SANMIGUEL	1.00	드	u_	5	<u>ᢌ</u>	토등	2						
SECRETARY		х		х				0.		0.			0.
(19) DELPHINE ROSSIGNOL	1.00												
DIRECTOR	1 00	Х						0.		0.			0.
(20) PAIGE ROTHAUS	1.00	ا _ح ا								0			Λ
DIRECTOR		Х				-		0.		0.			0.
		-											
		\top				1							
		₩				-							
		-											
		\vdash											
		1											
								F 4 6 4 0					
1b Subtotal								54,648.		0.			0.
c Total from continuation sheets to Part								0. 54,648.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but								<u> </u>) 000 of reportab				<u> </u>
compensation from the organization	at not illilited to ti	1036	iiste	ou a	DOV	C) W	1101	eceived more than proc	,000 or reportat	110			0
												Yes	No
3 Did the organization list any former office			•		•		•		•	ļ			
line 1a? If "Yes," complete Schedule J fo	or such individual										3		X
4 For any individual listed on line 1a, is the			-					· · · · · · · · · · · · · · · · · · ·	the organization				37
and related organizations greater than \$										l	4		X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," c	•					•		ted organization or indiv	idual for services	3	5		х
Section B. Independent Contractors	ompiete Schedul	e 	OI SI	ucn	per	3011							
Complete this table for your five highest	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation	for the calendar y	ear e	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A) Name and busine		376	~***	_				(B)			(C	;)	_
Name and busine	ess address	NC	INC	Ľ				Description of s	services	<u> </u>	ompei	nsation	<u> </u>
2 Total number of independent contractor	rs (includina but r	not lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the org						0							
											Form	990 (2) ()

Pa	rt v	Ш			a in their Dart VIII			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	4	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Federated campaigns 1a Membership dues 1b	13,101.				
٤ ۾ُ			Fundraising events 1c	13/1010				
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	94,755.				
Sign	ı		All other contributions, gifts, grants, and					
her			similar amounts not included above	53,084.				
ĒŽ		а	Noncash contributions included in lines 1a-1f	43,866.				
a G		_	Total. Add lines 1a-1f		160,940.			
				Business Code				
ø	2	а	TUITION	711300	44,024.	44,024.		
Program Service Revenue		b			•	,		
Se		С						
am eve		d						
og R		е						
ቯ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		44,024.			
	3		Investment income (including dividends, interest					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 25,587.					
		b	Less: rental expenses 6b 23,240.					
	ı		Rental income or (loss) 6c 2,347.		0 0 1 5		0 0 4 5	
			Net rental income or (loss)		2,347.		2,347.	
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ø		b	Less: cost or other basis					
ž			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
e. B	١.		Net gain or (loss)					
O ţ	8	а	Gross income from fundraising events (not including \$ of					
O								
			contributions reported on line 1c). See	104,720.				
		h	Part IV, line 18 8a Less: direct expenses 8b	81,816.				
					22,904.			22,904.
			Gross income from gaming activities. See					
	ľ	_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
	ı		Net income or (loss) from gaming activities					
	l		Gross sales of inventory, less returns					
			and allowances 10a	61,372.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory		20,511.	20,511.		
S				Business Code				
e e	11	а	MISCELLANEOUS	711300	4,183.	4,183.		
lan enu		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue		1 (22			
		е	Total. Add lines 11a-11d		4,183.	60 513	0.045	00000
	12		Total revenue. See instructions		254,909.	68,718.	2,347.	22,904.

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).

Do i	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E1 610		E1 610	
	trustees, and key employees	54,648.		54,648.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	90,480.	31,928.	E2 747	E 00E
7	Other salaries and wages	90,400.	31,940.	52,747.	5,805
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,993.	2,418.	8,135.	440
10	Payroll taxes	10,993.	2,410.	0,133.	440
11	Fees for services (nonemployees):				
a	Management			-	
b	Legal				
C	• • • • • • • • • • • • • • • • • • • •				
	, , , , , , , , , , , , , , , , , , , ,				
e	y ,				
f	Investment management fees				
g	•	18,265.		14,765.	3 500
40	column (A), amount, list line 11g expenses on Sch 0.)	12,424.		11,319.	3,500 1,105
12	Advertising and promotion	4,995.	122.	3,574.	1,299
13	Office expenses	=,,,,,,,,,	122.	3,374.	1,200
14	Information technology				
15	Royalties	13,587.	4,728.	8,810.	49.
16 17	Occupancy	459.	25.	434.	
17	Travel	±37•	25.	131.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,732.	2,458.	219.	55.
20 21	Payments to affiliates	2,152.	2,450	210.	
21 22	Depreciation, depletion, and amortization	19,647.	18,680.	727.	240
22 22	· · · · · · · · · · · · · · · · · · ·	2,953.	2,658.	236.	59
23 24	Insurance Other expenses. Itemize expenses not covered	2,555	2,050.	250.	55
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES	20,665.	9,613.	9,245.	1,807
a	INSTRUCTORS	19,453.	17,808.	45.	1,600
b	MEMBERSHIP DUES AND SUB	7,603.	157.	7,183.	263
c d	PRINTING AND PUBLISHING	5,124.	0.	4,242.	882
		4,837.	227.	4,491.	119
е 25	Total functional expenses. Add lines 1 through 24e	288,865.	90,822.	180,820.	17,223
<u>25</u> 26	Joint costs. Complete this line only if the organization	200,000.	50,0226	100,0200	±1,005
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOP 98-2 (ASC 938-720)				Eorm 990 (2022

Part X Balance Sheet

Га	IL A	Dalance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X I	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			131,688.	1	61,170.
	2	Savings and temporary cash investments	, , , , , ,	2	. ,		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		20,133.	4	68,757.	
	5	Loans and other receivables from any current or					
	•	trustee, key employee, creator or founder, subsi					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
	•	under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			7,067.	8	8,145.
	9	Prepaid expenses and deferred charges			3,600.	9	3,600.
	1	Land, buildings, and equipment: cost or other	 I I		5,7000	J	5,000
	loa	basis. Complete Part VI of Schedule D	102	1.058.138.			
	h	Less: accumulated depreciation	10a	335,392.	740,561.	10c	722,746.
	11	Investments - publicly traded securities	71073011	11	72277101		
	12		242,162.	12	213,437.		
	13	Investments - other securities. See Part IV, line 1	242,102.	13	213,437.		
	14	Investments - program-related. See Part IV, line			14		
	15	Intangible assets Other assets See Part IV line 11			15		
	16	Other assets. See Part IV, line 11			1,145,211.	16	1,077,855.
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			5,378.	17	6,775.
	18				373701	18	071131
	19	Grants payable		4,421.	19	4,004.	
	20	Deferred revenue			1,121.	20	1,001.
	21	Tax-exempt bond liabilities				21	
	22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
iii		trustee, key employee, creator or founder, subst				22	
Lia	00	controlled entity or family member of any of thes			128,800.	23	123,165.
	23 24	Secured mortgages and notes payable to unrela			120,000.	24	123,103.
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	17-24)	. Complete Fart X		25	
	26	Total liabilities. Add lines 17 through 25			138,599.	26	133,944.
	20	Organizations that follow FASB ASC 958, che		77	130/3330	20	133/3111
es		and complete lines 27, 28, 32, and 33.	CK HEI				
auc	27	Net assets without donor restrictions			968,171.	27	916,388.
Bal	28	Net assets with donor restrictions	38,441.	28	27,523.		
Б	20	Organizations that do not follow FASB ASC 9			33,111	20	27,70201
Ξ		and complete lines 29 through 33.	Jo, Cile	ck liefe			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds			29		
ets	29 30	Paid-in or capital surplus, or land, building, or ed				30	
Ass							
et	31	Retained earnings, endowment, accumulated in			1,006,612.	31 32	943,911.
Z	32	Total liabilities and not assets/fund balances		l l	1,145,211.	33	1,077,855.
	100	Total liabilities and net assets/fund balances			_,,	00	Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	25 28 -3 1,00	4,9 8,8 3,9	65. 56. 12.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	94	3,9	<u>11.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X		
b	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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						
С	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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
За	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 on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ART REACH OF MID MICHIGAN

Employer identification number 38-2206477

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=		_	
	meets the facts-and-circumstances to	-		*	-	47a and line 45 in	
b	10% -facts-and-circumstances tes	-					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						
10	-		-	=			
10	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 17a, 01 17	D, CHECK THIS DOX	and see instruction	ısu

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.)

<u> </u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	etion A. Public Support	1300/5	# 3 00 / F	/) 005-	(n 005 :	/ > 225-	(c = · ·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	114,382.	121,346.	167,679.	147,621.	160,940.	711,968.
2		114,502.	121,540.	107,075	147,021.	100,540.	711,500.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	67,033.	66,348.	50,684.	89,331.	105,396.	378,792.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	404 445	105 604	010 060	006 050	066 006	1000000
	Total. Add lines 1 through 5	181,415.	187,694.	218,363.	236,952.	266,336.	1090760.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						1090760.
8	Public support. (Subtract line 7c from line 6.)						1030700.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 6	(a) 2018 181, 415.	(b) 2019 187,694.	(c) 2020 218, 363.	(d) 2021 236, 952.	(e) 2022 266,336.	(f) Total 1090760.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	438.	1,020.	781.	540.	193.	2,972.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	438.	1,020.	781.	540.	193.	2,972.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	722.	4,159.	3,570.	-6.184.	-11,587.	-9,320.
12	Other income. Do not include gain			70101	.,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	or loss from the sale of capital assets (Explain in Part VI.)				4,186.	4,183.	8,369.
13	Total support. (Add lines 9, 10c, 11, and 12.)	182,575.	192,873.	222,714.	235,494.	259,125.	1092781.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	99.82 %
	Public support percentage from 2021					16	99.10 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	·					17	.27 %
	Investment income percentage from					18	.31 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	•					X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons	s?		
а	a A person who directly or indirectly controls, either alone or together with persons des	cribed on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line	ne 11a, 11b, or 11c, provide		
	detail in Part VI.	11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1				
	more supported organizations have the power to regularly appoint or elect at least a lidirectors, or trustees at all times during the tax year? If "No," describe in Part VI how			
	effectively operated, supervised, or controlled the organization's activities. If the organization			
	organization, describe how the powers to appoint and/or remove officers, directors, or	r trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such po	-		
2	, , , ,			
	organization(s) that operated, supervised, or controlled the supporting organization?			
	Part VI how providing such benefit carried out the purposes of the supported organize			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	ection C. Type II Supporting Organizations		T.,	· ·
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,	. ,		
	or trustees of each of the organization's supported organization(s)? If "No," describe			
	or management of the supporting organization was vested in the same persons that or	•		
Sect	the supported organization(s). section D. All Type III Supporting Organizations	1		
-	Code D. 7 iii Type iii Gupperting Grgunizatione		Yes	No
1	1 Did the organization provide to each of its supported organizations, by the last day of	f the fifth month of the	163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notifical			
	organization's governing documents in effect on the date of notification, to the extent			
2		-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "N			
	the organization maintained a close and continuous working relationship with the supp			
3				
	significant voice in the organization's investment policies and in directing the use of the	-		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role	the organization's		
	supported organizations played in this regard.	3		
Sect	ection E. Type III Functionally Integrated Supporting Organizations	·		
1	1 Check the box next to the method that the organization used to satisfy the Integral Pa	art Test during the yea(see instructions).		
а	a The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. <i>Complete</i>	line 3 below.		
С	c	supported a governmental entity (see instruction	ons).	
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," the	-		
	those supported organizations and explain how these activities directly furthered the	1 1 1 1		
	how the organization was responsive to those supported organizations, and how the o	organization determined		
	that these activities constituted substantially all of its activities.	2a		
b	, , ,	,		
	one or more of the organization's supported organization(s) would have been engage			
	Part VI the reasons for the organization's position that its supported organization(s) we	, ,		
_	these activities but for the organization's involvement.	2b		
	9			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Pa			
a	b Did the organization exercise a substantial degree of direction over the policies, progr	rams, and activities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2022 232025 12-09-22

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
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 mu-	st complete	Sections A through E.		
Sect	ion 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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see	
	instructions).			•	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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.)
_	