Form	990
Form	330

Department of the Treasury

Internal Revenue Service

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

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

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



ΑF	or th	e 2017 calendar year, or tax year beginning and	ending	_	
B c	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	Doing business as		38-22	206477
	Initial returr		Room/suite	E Telephone number	
	Final returr				773-3689
	termi ated Amer	, , , ,		G Gross receipts \$	351,352.
	returr Appli tion	MI PLEASANI, MI 40050		H(a) Is this a group re	
	tiòn pend	<sup>ng</sup> SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in	
11	Tax-ex	empt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		te: WWW.ARTREACHCENTER.ORG		H(c) Group exemption	
κF	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1981 M	State of legal domicile: MI
	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: COMM	UNITY	ART CENTER (	ORGANIZED
Activities & Governance		TO PROMOTE, STIMULATE AND ENCOURAGE INVO			-
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
202	3				22
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			22
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			6
tivit	6	Total number of volunteers (estimate if necessary)			-583.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			-583.
	d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	
	8	Contributions and grants (Part VIII, line 1h)		109,303.	Current Year 105,031.
onu	9			29,737.	25,607.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		751.	391.
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,240.	97,740.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		260,031.	228,769.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		595.	1,300.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		141,058.	132,451.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	75.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		147,248.	120,492.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		288,901.	254,243.
	19	Revenue less expenses. Subtract line 18 from line 12		-28,870.	-25,474.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,178,094.	1,190,334.
et A ind F	21	Total liabilities (Part X, line 26)		164,375.	178,068.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,013,719.	1,012,266.

#### 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 TOM ENDRES, PRESIDENT Type or print name and title		Date						
Paid	Print/Type preparer's name SHELLY BROWNING, CPA	Preparer's signature SHELLY BROWNING,	Date CPA04/10/18 CPA04/10/18 P01316605						
Preparer	Firm's name 🕨 WEINLANDER FITZH	IUGH PC	Firm's EIN <b>38-2272300</b>						
Use Only	Firm's address 601 BEECH ST.								
	CLARE, MI 48617		Phone no. (989) 386-3481						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	32001       11-28-17       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2017) ART REACH OF MID MICHIGAN 38	8-2206477	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
<u> </u>	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 E	NCOURAGE	
	INVOLVEMENT, APPRECIATION, ENJOYMENT AND UNDERSTANDING OF		IN
	MID-MICHIGAN		
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>v</b>
	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
U	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 mea	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section of the secti	ne total expenses, a	and
	revenue, if any, for each program service reported.		01E
4a	(Code: ) (Expenses \$ 151,858. including grants of \$ 1,300.) (Revenue \$ ARTS & CULTURAL PROGRAMMING TO ENCOURAGE AN APPRECIATION F		245.) TS
	SCHOOL PROGRAMS, PUBLIC ART EVENTS, ART EXHIBITS, PERFORMA		
	CONSIGNEMENT SHOP TO PROMOTE LOCAL TALENTS		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d		<b>`</b>	
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ►       151,858.	)	
		Form <b>9</b>	<b>90</b> (2017)
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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or 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,		х	
h	Part VI	11a	- 11	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		- 23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G. Part III	19		x
		1 3		- <u></u>

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	<b>4</b> 7	

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Pa				
	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 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	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		x
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
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.)			
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.			
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.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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X

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI					
					Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	2		F
	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	1b	22	2		
				-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			•		
	officer, director, trustee, or key employee?			2		+
3	Did the organization delegate control over management duties customarily performed by or under the		•			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	s filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Γ
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?	-	-	8a	х	Г
	Each committee with authority to act on behalf of the governing body?			8b	x	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00		┢
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
200	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		
	tion D. Foncies (mis Section B requests information about policies not required by the internal P	evenue	Code.)		Vee	Т
<b>•</b> -				40-	Yes	╞
	Did the organization have local chapters, branches, or affiliates?			10a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befor	e filing the form?	11a	Х	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	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 ris	e to confl	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	(es," de	scribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		Γ
	Did the organization have a written document retention and destruction policy?			14		t
15	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dependent			
-				150	х	
	The organization's CEO, Executive Director, or top management official			15a		┢
D	Other officers or key employees of the organization			15b		+
	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 arrange	ment w	ith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MI}$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sectio	on 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i> )	ı in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.		and bolicy, an	ui	5.01	
00		oko or	d rocordo:			
20	State the name, address, and telephone number of the person who possesses the organization's be AMY POWELL - 989-773-3689	Joks and	u records: 🏲			
	111 E BROADWAY, MT. PLEASANT, MI 48858					
				-	000	15
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~ ~				~ ^ ^ -		~
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Part VII	Compensation of Office	r <b>s, Directors</b> ,	, Trustees,	Key Employe	es, Highest	Compensated
	<b>Employees, and Indepe</b>	Ident Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1/		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Highest compensated employee		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al tru:		yee	nper		(		and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key (	High em p	Former			
(1) VINCE DEMASI	1.00									
DIRECTOR		Х						0.	0.	0.
(2) CAROL BRANNAN	1.00									
DIRECTOR		Х						0.	0.	0.
(3) NEDRA FISHER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JANET KLINE	1.00									
SECRETARY		Х		X				0.	0.	Ο.
(5) DENNIS MARSHALL	1.00									
DIRECTOR		х						0.	0.	0.
(6) ALYSHA FISHER	1.00									
DIRECTOR		х						0.	0.	0.
(7) STEVE PUNG	5.00									
PRESIDENT		Х		X				0.	0.	Ο.
(8) JOHN JENSEN	1.00									
DIRECTOR		Х						0.	0.	Ο.
(9) GEORGE ROUMAN	1.00									
TREASURER		Х		X				0.	0.	Ο.
(10) JEFF HOYLE	1.00									
PAST PRESIDENT		Х		X				0.	0.	Ο.
(11) FRITZ KUHLMAN	1.00									
DIRECTOR		Х						0.	0.	Ο.
(12) ANNE GOCHENOUR	1.00									
DIRECTOR		Х						0.	0.	Ο.
(13) MARY LU YARDLEY	1.00									
TRUSTEE		Х						0.	0.	Ο.
(14) MIKE MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARIE PILKINGTON	1.00									
DIRECTOR		Х						0.	0.	Ο.
(16) TOM ENDRES	1.00									
TRUSTEE		х						0.	0.	0.
(17) SANDY OLSON	1.00									
TRUSTEE		х						0.	0.	0.
732007 11-28-17										Form <b>990</b> (2017)

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Form	aan	(2017
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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	vees,	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee			) than is bot	one h an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimate amount other	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o a	ompensa from th organizat and relat rganizati	ne tion ted
(18) JUDY FRENCH SMITH VICE PRESIDENT	1.00	x		x				0.	0			0.
(19) EMMA POWELL	1.00											
DIRECTOR		Х						0.	0	•		0.
(20) KELLI WALTON	1.00											•
DIRECTOR	1 00	X						0.	0	·		0.
(21) LINDA BEARD	1.00	x						0.	0			0.
TRUSTEE (22) RHONDA TUDOR	1.00	<b>^</b>						0.	0	·		0.
DIRECTOR	1.00	x						0.	0			0.
(23) AMY POWELL	40.00									<u>'</u>		
EXECUTIVE DIRECTOR		1		х				47,940.	0			0.
1b Sub-total		<b>.</b>		· · · · · ·	·			47,940.	0			0.
c Total from continuation sheets to Part								0.	0			0.
d Total (add lines 1b and 1c)								47,940.	0	•		0.
2 Total number of individuals (including but compensation from the organization ►	not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable			0
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for								highest compensated e		3		x
4 For any individual listed on line 1a, is the	sum of reportab											
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual		4		X
5 Did any person listed on line 1a receive o	r accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," co	mplete Schedul	le J f	or su	ıch	pers	son .				5		X
Section B. Independent Contractors									<b>*</b>			
1 Complete this table for your five highest of the organization. Report componential for	•	•							•	satio	n from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services						(C) pensatio						
		INC		5			_	Description of s	ervices			
							_					
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to		se lis	stec	above) who received m	nore than			

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Form 990		MID MICH	IGAN		38-2206	477 Page 9
Part VI						
	Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	Related or exempt function	Unrelated business	from tax under
m Service Contributions, Gifts, Gra venue and Other Similar Amou 8 7 6 J e p o q		11,342. 28,365. 65,324. 35,117. ▶ Business Code 900099	105,031. 25,607.	25,607.	revenue	sections 512 - 514
p Re Be						
کًا f	1 3					
g 3	Total. Add lines 2a-2f Investment income (including dividends, intere		25,607.			
	other similar amounts)	►	391.	391.		
4	Income from investment of tax-exempt bond p Royalties					
b	(i) RealGross rents29,014.Less: rental expenses29,597.Rental income or (loss)-583.					
	Net rental income or (loss)	►	-583.		-583.	
b	Gross amount from sales of (i) Securities assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
	Net gain or (loss)	▶				
Dther Revenu a	• • • • • • • • • • • • • • • • • • • •	100,635. 47,823.				
C C	Net income or (loss) from fundraising events	····· •	52,812.			52,812.
b	Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses         b         Net income or (loss) from gaming activities					
10 a b	Gross sales of inventory, less returns and allowances <b>a</b> Less: cost of goods sold <b>b</b>	70,573. 45,163.	25 410			25 410
c	Net income or (loss) from sales of inventory Miscellaneous Revenue	► Business Code	25,410.			25,410.
11 a b c	<b>MITT MT ()</b>	711300 711300	17,538. 2,563.	17,538. 2,563.		
d	All other revenue					
	Total. Add lines 11a-11d	►	20,101.	46.000	FOD	70 000
732009 11-28	Total revenue. See instructions.	🕨	228,769.	46,099.	-583.	78,222. Form <b>990</b> (2017)

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Part IX Statement of Functional Expenses

ART REACH OF MID MICHIGAN

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in	this Part IX	·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	1	4		
	individuals. See Part IV, line 22	1,300.	1,300.		
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,	10 500	0 700	21 525	7 975
_	trustees, and key employees	48,500.	9,700.	31,525.	7,275
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	74,474.	61,246.	8,763.	1 165
7	Other salaries and wages	/4,4/4•	01,240.	0,/03.	4,465
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	9,477.	5,962.	2,588.	927
10 11	Payroll taxes	, , , , , , , , , , , , , , , , , , , ,	5,502.	2,500.	541
11	Fees for services (non-employees):				
a h	Management				
b c					
	Accounting				
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4,880.		4,880.	
12	Advertising and promotion	4,880. 9,119.	2,937.	6,182.	
13	Office expenses	- , -	<b>,</b>		
14	Information technology				
15	Royalties				
16	Occupancy	12,601.	4,258.	8,297.	46
17	Travel	3,815.	89.	3,726.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,305.	2,075.	184.	46
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,975.	18,968.	757.	250
23	Insurance	2,095.	1,885.	168.	42
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 0.)				
а	ARTWALK	33,196.	33,196.		
b	PRINTING AND PUBLISHING	7,261.		7,261.	
с	SUPPLIES	5,838.	3,203.	2,635.	
d	ARTIST AND PERFORMERS	5,794.	5,576.	218.	
е	All other expenses	13,613.	1,463.	12,126.	24
25	Total functional expenses. Add lines 1 through 24e	254,243.	151,858.	89,310.	13,075
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 Figure if following SOP 98-2 (ASC 958-720)				

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ART	REACH	OF	MID	MICHIGAN
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		Check if Schedule O contains a response or note to any line in this Par	rt X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		146,275.	1	152,998.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,333.	4	3,570.
	5	Loans and other receivables from current and former officers, directors				
		trustees, key employees, and highest compensated employees. Comp	olete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as define	ed under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	ntributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sc	h L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		4,826.	8	6,436.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a1,044Less: accumulated depreciation10b179	,940.			
	b	Less: accumulated depreciation 10b 179	,531.	889,498.	10c	865,409.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		132,162.	12	161,921.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,178,094.	16	1,190,334.
	17	Accounts payable and accrued expenses		5,619.	17	9,161.
	18	Grants payable			18	
	19	Deferred revenue		1,115.	19	17,756.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to current and former officers, directors, true	stees,			
i <u>B</u>		key employees, highest compensated employees, and disqualified per				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties		157,641.	23	151,151.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	t X of			
		Schedule D		164 275	25	170.000
	26	Total liabilities. Add lines 17 through 25		164,375.	26	178,068.
		Organizations that follow SFAS 117 (ASC 958), check here	and			
ces		complete lines 27 through 29, and lines 33 and 34.		004 005		070 000
and	27	Unrestricted net assets		884,825. 113,874.	27	870,090.
Bal	28	Temporarily restricted net assets			28	127,156.
pu	29	Permanently restricted net assets	15,020.	29	15,020.	
ц.		Organizations that do not follow SFAS 117 (ASC 958), check here	▶□			
s G		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		1 012 710	32	
-	33	Total net assets or fund balances		1,013,719. 1,178,094.	33	1,012,266. 1,190,334.
	34	Total liabilities and net assets/fund balances		1,1/0,094.	34	Form <b>990</b> (2017)

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Form	990 (2017) ART REACH OF MID MICHIGAN	38-22	06477	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				~ =	<b>~ ^</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			69.
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01		
5	Net unrealized gains (losses) on investments	5	2	4,0	21.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ ~
	column (B))	10	1,01	2,2	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	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 in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		<b>2</b> b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2017)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form 990 c	or 990-EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047			
	2017			
	Open to Public Inspection			
Employer identification number				

Name of the or	rganization
----------------	-------------

		ART	REACH OF M	ID MICHIGAN				3	8-2206477
Pa	t I	Reason for Public	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions	š.	
The o	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz						(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). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	: 11.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of	the colleg	e or
		university:							
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	ind gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a		•	-			-	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that				-		-	
а		<b>Type I.</b> A supporting orga	-	-	•				
		the supported organization		• • • •	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
-		organization(s). You mus			in connoc	tion with	and functions	lly intograt	ad with
С	L	J Type III functionally inte its supported organization						ly integrate	ea with,
d		л <b>е</b>		· ·				rtad araani	ization(a)
d		J Type III non-functionally that is not functionally int		• •				-	
		requirement (see instruct	•	• •	2			an alleni	IVENESS
е		Check this box if the orga						II Type III	
•	-	functionally integrated, or					, po ., . , po	n, 1990 m	
f	Ente	er the number of supported of							
		vide the following informatior	•	ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	1								
		Paperwork Reduction Act N	lotice. see the Instr	uctions for Form 990 o	r 990-EZ.	732021 10-	06-17 <b>Sche</b>	Jule A (For	m 990 or 990-EZ) 2017

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4						(/
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	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						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,				
.0	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the c					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-	-		-		
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
			20/ 01 10 10, 10	a, 100, 170, 01 17	2, 511001 this box t		

Schedule A (Form 990 or 990-EZ) 2017

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### 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.)

		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		() == /0		(-) == / 0	(2) = 0 + 0	(-,	(-)
•							
	include any "unusual grants.")	114,878.	149,140.	311,515.	109,303.	105,031.	789,867.
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	60,436.	64,195.	66,774.	78,585.	70,573.	340.563.
2 Gross receipts from admissions, merchandles of our services of our services of our services of real-littles furnished in any activity that is related to the organization's tax-exempt purpose of constraints is benefit and either paid to be increase under services or facilities increase under section 513 and 100 million of the benefit and either paid to be exceeded on its behalf and either paid to be exceeded on this behalf and either paid to be exceeded on this behalf and either paid to be exceeded on this behalf and either paid to be exceeded on this behalf and either paid to be exceeded on the set through of the organization without charge for the organization without the organiza							
3							
	iness under section 513						
4	ization's benefit and either paid to						
5	The value of services or facilities						
	, .						
6	• • • • • • • • • • • • • • • • • • • •	175,314.	213,335.	378,289.	187,888.	175,604.	1130430.
	Amounts included on lines 1, 2, and	· · · · ·		,			
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						
_							0.
							1120420
		(2) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(a) 2017	(f) Total
			213,335.	378,289	187.888.	175.604.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
b							
	· · · · ·						
с	Add lines 10a and 10b	2,200.	3,205.	1,719.	751.	391.	8,266.
	Net income from unrelated business activities not included in line 10b, whether or not the business is				-1,567.		
2	or loss from the sale of capital						
3		184,379.	224,080.	385,346.	187,072.	175.412.	1156289.
		-	-	-	-	-	
-		-			-		
Sec							······ F
	-			column (f))		15	97.76 %
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	96.32 %
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	
						18	1.03 %
		regining in )       (e) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         itors, and web(CD not imissions, evices per- missions, evices per- mission (f) divided by ine 13, column (f) evices per- evices					
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	► X
		-					
20							
	10-06-17						
				15		,	_,
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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

9a

9b

9c

10a

10b

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## Schedule A (Form 990 or 990 EZ) 2017 ART REACH OF MID MICHIGAN Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
· ·	below, the governing body of a supported organization?	11a		
F	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
_	supervised, or controlled the supporting organization.	2		
Se	ction 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)? 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).	1		
Se	ction 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Se	ction 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 yea(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 ins	truction	s).	
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? 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.	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	<b>1</b> a		
<b>b</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 <b>Part VI</b> ):			
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 Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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 (reason-			
	able 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: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (	Form 990 or 990-EZ) 2017 ART I			30-2.	206477 Pa
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c,	4b. 4c. 5a. 6. 9a. 9b. 9c	: 11a. 11b. and 11c: F	Part IV. Section B. lines 1 and 2: Pa	rt IV. Section C.
	line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	V, Section E, lines 2, 5,	and 6. Also complete	this part for any additional information	B, line Te; Part V ation.
				Schedule A (Form	
32028 10-06-1	7				