**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Inspection

AF	or th	e 2019 calendar year, or tax year beginning 07/01, 2019, a	nd ending		06/30, 20 20			
B	heck if ap	C Name of organization		D Employer ide	entification number			
		ARTS MIDWEST INC						
1	Addre	Doing Business As		41-1000424				
	Name	Vilaligo	oom/suite	E Telephone nu				
	Initial		200	(612) 341-0755				
L	Termi	City or town, state or province, country, and ZIP or foreign postal code						
	Amen		G Gross receipt	ts \$ 11,900,263.				
	Applic			H(a) Is this a grou subordinates				
		2908 HENNEPIN AVENUE STE 200, MINNEAPOLIS, MN	55408	H(b) Are all subordi				
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see instructions)			
J	Websi	te: ▶ WWW.ARTSMIDWEST.ORG		H(c) Group exemp				
K	Form	of organization: X Corporation Trust Association Other	L Year of format	tion: 1973 M	State of legal domicile: MN			
Р	art l	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO PROMO	OTE CREATI	VITY, NUR	TURE CULTURAL			
0		LEADERSHIP & ENGAGE PEOPLE IN MEANINGFUL ARTS EXPE						
au								
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed o	of more than 25%	of its net assets	5.			
ő	3	Number of voting members of the governing body (Part VI, line 1a)		resort a source of	3 19.			
		Number of independent voting members of the governing body (Part VI, line 1b)			4 18.			
tie.		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5 29.			
Activities &		Total number of volunteers (estimate if necessary)			6 103.			
Š		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
		Net unrelated business taxable income from Form 990-T, line 34			<b>7b</b> 0.			
_				Prior Year	Current Year			
40	8	Contributions and grants (Part VIII, line 1h)		5,746,83	8. 9,937,771.			
Revenue		COPY FO		1,076,68	7. 1,245,586.			
e Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	157,00	7. 20,555.			
000		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,25	9. 364.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,100,79	1. 11,204,276.			
-	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,637,02				
		Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.			
60		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,964,22	9. 2,028,103.			
Ise		Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 190,900.						
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,206,65	5. 1,850,119.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,807,90	6. 7,578,984.			
		Revenue less expenses. Subtract line 18 from line 12.		292,88	5. 3,625,292.			
P 0		Total last superioss. Subtract line to from line 121. 111111 11111		ning of Current Y	'ear End of Year			
ets anc	20	Total assets (Part X, line 16)		6,786,63	5. 10,884,327.			
let Assets und Balanc	21	Total liabilities (Part X, line 26)		3,353,28				
Fund	22	Net assets or fund balances. Subtract line 21 from line 20,		3,433,34	6. 7,164,660.			
	rt II	Signature Block						
Uni	der per	nalties of perjury. I declare that I have examined this return, including accompanying schedules	and statements, a	and to the best of	my knowledge and belief, it is			
true	е, согге	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has any ki	nowledge.				
		ome fr		11/1	0/2020			
Sig	n	Signature of officer		Date				
He	re	TORRIE ALLEN PRESIDER	NT & CEO					
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Paid	ı	WENDY HARDEN CPA WENDY HARDEN CPA	11/09/202					
	parer	Firm's name SCHECHTER DOKKEN KANTER		Firm's EIN				
Use	Only	Firm's address > 100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401			612-332-5500			
May	the II	RS discuss this return with the preparer shown above? (see instructions)	D. 10 D.	. 710110 110.	X Yes No			
_		rwork Paduation Act Natice and the congrete instructions			Form 990 (2019)			

rm 990 (2019)

FOI	rm 990 (2019)	Page Z
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission:	
	ARTS MIDWEST PROMOTES CREATIVITY, NURTURES CULTURAL LEADERSHIP, AND ENGAGES PEOPLE IN MEANINGFUL ARTS EXPERIENCES, BRINGING VITALITY TO	
	MIDWEST COMMUNITIES AND ENRICHING PEOPLE'S LIVES. (SEE CONTINUATION	
	ON SCHEDULE O)	
_	,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ĭ		X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	ured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code: ) (Expenses \$ 4,093,160. including grants of \$ 2,232,346. ) (Revenue \$ 761,462. )	
	PERFORMING ARTS: ARTS MIDWEST'S PERFORMING ARTS PROGRAMS CONNECT	
	HIGH-QUALITY ARTISTS TO AUDIENCES IN THE MIDWEST AND NATIONALLY.	
	THROUGH THE ARTS MIDWEST TOURING FUND, ARTS MIDWEST WORLD FEST,	
	ARTS MIDWEST CONFERENCE, SHAKESPEARE IN AMERICAN COMMUNITIES, WE	
	THE MANY, ARTS MIDWEST FOLKEFEST, AND NEA PERFORMING ARTS	
	DISCOVERY, WE FOSTER A SENSE OF CONNECTEDNESS BETWEEN	
	MIDWESTERNERS AND PEOPLE AROUND THE GLOBE. (SEE CONTINUATION ON	
	SCHEDULE 0)	
4b	(Code:) (Expenses \$1,496,995. including grants of \$1,151,192. ) (Revenue \$339,345. ) LITERARY ARTS: ARTS MIDWEST MANAGES NEA BIG READ ON BEHALF OF THE	
	NATIONAL ENDOWMENT FOR THE ARTS. NEA BIG READ SEEKS TO BROADEN OUR	
	UNDERSTANDING OF OUR WORLD, OUR COMMUNITIES, AND OURSELVES THROUGH	
	THE JOY OF SHARING A GOOD BOOK. NEA BIG READ SUPPORTS	
	ORGANIZATIONS ACROSS THE COUNTRY IN DEVELOPING COMMUNITYWIDE	
	READING PROGRAMS. PARTICIPATING ORGANIZATIONS RECEIVE A GRANT,	
	ACCESS TO ONLINE TRAINING RESOURCES AND OPPORTUNITIES, AND	
	EDUCATIONAL AND PROMOTIONAL MATERIALS DESIGNED TO SUPPORT	
	WIDESPREAD COMMUNITY INVOLVEMENT. IN 2018-2019, WE AWARDED MORE	
	THAN \$1 MILLION TO 78 ORGANIZATIONS IN 31 STATES TO CONDUCT NEA	
	BIG READ EVENTS.	
4c	c (Code:) (Expenses \$449,368. including grants of \$202,224. ) (Revenue \$)	
	LEARNING INITIATIVES: ARTS MIDWEST PROVIDES ARTS LEADERS	
	OPPORTUNITIES TO COME TOGETHER AND EXPLORE NEW IDEAS, DEEPEN THEIR	
	STRATEGIC PRACTICES, AND BUILD NEW SKILLS AND RELATIONSHIPS. IN	
	JULY 2019, ARTS MIDWEST WAS NAMED THE OPERATING PARTNER FOR THE	
	BUSH FOUNDATION'S COMMUNITY CREATIVITY COHORT PROGRAM, WHICH IS A	
	COHORT OF 40 ORGANIZATIONS ACROSS MINNESOTA, NORTH DAKOTA, SOUTH	
	DAKOTA AND THE NATIVE NATIONS THAT SHARE THAT GEOGRAPHY. THE	
	COHORT IS FOCUSED ON HELPING ORGANIZATIONS INCREASE THEIR CAPACITY	
	TO MAKE ART AND CULTURE CENTRAL TO PROBLEM SOLVING. (SEE	
	CONTINUATION ON SCHEDULE O)	
_		
4c	d Other program services (Describe on Schedule O.)  ATTACHMENT 1	
_	(Expenses \$ 207,770. including grants of \$ 115,000. ) (Revenue \$ 144,779. )	
10	Total program conico eveneses 6 247 293	

 4e Total program service expenses
 6,247,293.

 JSA 9E1020 2.000 8909KX K384 11/9/2020
 4:21:41 PM V 19-7.5F

Form **990** (2019)

Page 3 Form 990 (2019)

Part	V 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,"		3.5	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
Э	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
U	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? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			3.7
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20.0	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 21
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	

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
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	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			77
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 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	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	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 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29	· · · · · · · · · · · · · · · · · · ·	29		21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	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
35 a	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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		31		- 21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\ <sub>V</sub>	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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. 29			
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)			
3 a	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? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		990	
		Г	uun	12010

Form 990 (2019) Page **6** 

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

Sect	ion 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	_		
L	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  Enter the number of voting members included on line 1a above, who are independent.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
2	any other officer, director, trustee, or key employee?			
3	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?	6	Х	
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
2 1	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	`	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
		100	163	X
	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 chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	114		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  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			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		X
	with a taxable entity during the year?	16a		^
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		
Secti	ion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2			
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	F (Sec	tion 5	01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain on Schedule O)	, ,060		J (U)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		

Form 990 (2019) Page **7** 

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

#### 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. See instructions for the order in which to list the persons above.

Check this box	if neither the organization ne	or anv related	d organization c	ompensated an	v current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than control Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DAVID J. FRAHER	50.00									
PRESIDENT & CEO - PART-YEAR	0.	Х		Х				220,418.	0.	32,863.
(2) TORRIE ALLEN	50.00									
PRESIDENT & CEO - PART-YEAR	0.	Х		Х				72,842.	0.	18,551.
(3) PETER CAPELL	5.00									
CHAIR	0.	X		Х				0.	0.	0.
(4) BRIAN TIEMANN	5.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5) MATTHEW HARRIS	5.00									
SECRETARY	0.	X		Х				0.	0.	0.
(6) KYMM MARTINEZ	5.00									
TREASURER	0.	X		Х				0.	0.	0.
(7)MICHAEL VINSON	5.00									
MEMBER AT-LARGE	0.	Х		X				0.	0.	0.
(8)FLAVIA BASTOS	1.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0.
(9)BRIAN J. BONDE	1.00							_	_	_
DIRECTOR	0.	X						0.	0.	0.
(10) SANDI CLARK	1.00							_	_	_
DIRECTOR	0.	X						0.	0.	0.
(11)KEN FISCHER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) SYLVIA C. KAUFMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) MARY PICKARD	1.00	,,,								
DIRECTOR	0.	X						0.	0.	0.
(14) JANE RASMUSSEN	1.00	37						0.	_	0.
DIRECTOR	0.	Х						<u> </u>	0.	<u> </u>

Form **990** (2019)

Part VII Section A. Officers, Directors, T		ĺ					- 3	1					
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D)  Reportable compensation from the	Reporta compensation relate organization	on from d	Est amo	(F) imated ount of other pensation	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	m the inizatior related nization	l
15) OMARI RUSH	1.00									0			
DIRECTOR	0.	X						0 .		0.			C
16) GREGORY VOLAN DIRECTOR	1.00	Х						0.		0.			C
17) MATTHEW WALLACE	1.00												
DIRECTOR	0.	X						0 .		0.			C
18) JAN WEBB	1.00												
DIRECTOR	0.	X						0 .		0.			C
19) RHODA PIERCE	1.00												
DIRECTOR	0.	X						0 .		0.			C
20) GEORGE TZOUGROS	1.00												
DIRECTOR	0.	X						0 .		0.			C
21) LOANN CRANE	1.00												
DIRECTOR	0.	Х						0 .		0.			C
		-											
	-												
1b Sub-total							$\blacktriangleright$	293,260.		0.		51,4	14.
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$	0.		0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	293,260.		0.		51,4	14.
2 Total number of individuals (including but no reportable compensation from the organization			liste L	d al	bove	e) who	o re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	sum of represents	oortab	ole c 50,0	om 00?	per	satior "Yes	n aı s,"	nd other compens	sation from	the	4	Х	
<ul><li>individual</li></ul>	r accrue co	mpen	sati	on 1	fron	n any	un				5		X
Section B. Independent Contractors						_							
Complete this table for your five highest concompensation from the organization. Report year.													
(A)							1	(B)			(C)		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Form 990 (2019) Page 9

### Part VIII Statement of Revenue

		Check if Schedule O co	•		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Girts, Grants and Other Similar Amounts	b	Membership dues	1b					
ě,	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
a, e	е	Government grants (contribut	tions) 1e	4,920,016.				
Sign	f	All other contributions, gifts,	grants,					
er i		and similar amounts not included	d above . 1f	5,017,755.				
55	g	Noncash contributions include	ded in					
ng		lines 1a-1f	1g	5				
ع د ع	h	Total. Add lines 1a-1f	<u>.</u>	▶	9,937,771.			
_				Business Code				
Program service Revenue	2a	ARTS MIDWEST CONFERENCE		711300	761,462.	761,462.		
er Ne	b	STATE ARTS AGENCY DUES		900099	339,345.			339,345
en	С	STATE SPECIAL PROJECTS		711130	144,779.	144,779.		
rar ?ev	d							
9	е							
ī	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u></u>	1,245,586.			
	3	Investment income (include	ding dividends,	interest, and				
		other similar amounts)			79,056.			79,056
	4	Income from investment of t	•	·	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss).			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	637,486.	0.				
ne	b	Less: cost or other basis						
venue		and sales expenses 7b	687,591.	8,396.				
	С	Gain or (loss) 7c		-8,396.				
er	d	Net gain or (loss)	<u></u>		-58,501.			-58,501
Other Re	8a	Gross income from fu	undraising					
•		events (not including \$						
		of contributions reported						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	С	Net income or (loss) from fur	ndraising e <u>vents.</u>		0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19		0.				
	b	Less: direct expenses		0.	_			
	С	Net income or (loss) from ga			0.			
	10a	Gross sales of invento	•	_				
		returns and allowances		0.				
	b	Less: cost of goods sold	10b	0.				
	С	Net income or (loss) from sale	es or inventory	Business Code	0.			
		MICCELL AMBOUG DEVENUE			251			25.
sno	11a	MISCELLANEOUS REVENUE		900099	364.			364
neous								
llaneous	b							
scellaneous Revenue	b c							
Miscellaneous Revenue	b c d				364.			

Page 10 Form 990 (2019)

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	( <b>D)</b> Fundraising			
8b,	9b, and 10b of Part VIII.	i otai expenses	Program service expenses	Management and general expenses	expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	3,700,762.	3,700,762.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
·	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
·	trustees, and key employees	423,855.	201,077.	190,904.	31,874.			
6	Compensation not included above to disqualified							
Ū	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	1,256,080.	914,134.	243,945.	98,001.			
	Pension plan accruals and contributions (include							
J	section 401(k) and 403(b) employer contributions)	74,413.	34,562.	34,222.	5,629.			
۵	Other employee benefits	159,742.	71,068.	75,612.	13,062.			
10	Payroll taxes	114,013.	51,760.	54,549.	7,704.			
11	•	,	,	,	<u> </u>			
	Management	0.						
	Legal	72.	72.					
	-	108,500.		108,500.				
	Accounting	0.		,				
	Professional fundraising services. See Part IV, line 17	0.						
	Investment management fees	0.						
9	Other. (If line 11g amount exceeds 10% of line 25, column	386,645.	278,885.	95,527.	12,233.			
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	54,493.	47,191.	4,052.	3,250.			
13	Office expenses	114,772.	59,083.	54,559.	1,130.			
14	Information technology	207,585.	34,269.	172,932.	384.			
15	Royalties	0.		,				
16	Occupancy	171,751.	61,305.	108,786.	1,660.			
17	Travel	345,937.	252,460.	89,326.	4,151.			
	Payments of travel or entertainment expenses	·	-	·	<u> </u>			
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	380,113.	293,962.	80,927.	5,224.			
20	Interest	0.	-		<u> </u>			
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	12,271.		12,271.				
23	Insurance	21,964.		21,964.				
	Other expenses. Itemize expenses not covered							
	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 O.)							
2	COST ALLOC-OVERHEAD/INDIRECT		241,758.	-248,306.	6,548.			
_	MEMBERSHIPS	13,465.	3,888.	9,527.	50.			
~	OTHER MISC	32,551.	1,057.	31,494.	<u>.</u> _			
d		·						
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	7,578,984.	6,247,293.	1,140,791.	190,900.			
	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							
	following SOP 98-2 (ASC 958-720)	0.						
					Form <b>990</b> (2019)			

Form 990 (2019) Page **11** 

# Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		x
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,551,755.	2	3,085,163.
	3	Pledges and grants receivable, net	3,309,569.	3	5,902,382.
	4	Accounts receivable, net	33,080.	4	67,400.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
s	_	Notes and loans receivable, net	0.	7	0.
Assets	7		0.	8	0.
As	8	Inventories for sale or use	122,901.	9	161,414.
_	9	Prepaid expenses and deferred charges	122,501.	9	101,414.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 439,094.			
	١.		20 700		252
		Less: accumulated depreciation	20,700.	_	253.
	11	Investments - publicly traded securities	1,748,630.	11	1,667,715.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,786,635.	16	10,884,327.
	17	Accounts payable and accrued expenses	232,759.	17	168,044.
	18	Grants payable	2,559,471.	18	3,301,269.
	19	Deferred revenue	561,059.	19	130,354.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	120,000.
	26	Total liabilities. Add lines 17 through 25	3,353,289.	26	3,719,667.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	2,008,024.	27	1,714,502.
Bal	28	Net assets with donor restrictions.	1,425,322.	28	5,450,158.
b	20		1,423,322.	28	3,430,130.
r Fu		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	3,433,346.	32	7,164,660.
Z	33	Total liabilities and net assets/fund balances	6,786,635.	33	10,884,327.
					Form <b>990</b> (2019)

Page **12** Form 990 (2019)

OIIII 3	(2013)				ıα	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>		<u>. L L L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L1,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2				984.
3	Revenue less expenses. Subtract line 2 from line 1	3				292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				346.
5	Net unrealized gains (losses) on investments	5		1	06,0	022.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,1	64,6	560.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	າ in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Х	
				Form	990	(2019)

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

41-1000424

Department of the Treasury Internal Revenue Service Name of the organization

ARTS MIDWEST INC

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

Pai	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt t rent income and ui	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		An organization organized				•	•	
12		An organization organized	•	•	•			arry out the purposes
		of one or more publicly su	•					
		Check the box in lines 12a t						
а		Type I. A supporting orga	_	7.7		-	· ·	_
_	_	the supported organization	•	•			• , ,	
		supporting organization.				-,,		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
	_	control or management of	· · · · · · · · · · · · · · · · · · ·				· · ·	· · · · · -
		organization(s). You must		<del>-</del>				
С		Type III functionally integ	•		ited in co	onnectio	n with, and functional	lly integrated with.
·	_	its supported organization						,g.a.oa,
d		Type III non-functionally		•				ted organization(s)
-		that is not functionally into			-			
		requirement (see instruct	-	-	-		•	a an attentiveness
е		Check this box if the orga	•	•				I. Type III
·	_	functionally integrated, or						., .,,,,,
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/ A \								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,940,113.	6,697,289.	4,886,349.	5,746,838.	9,937,771.	32,208,360.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	4,940,113.	6,697,289.	4,886,349.	5,746,838.	9,937,771.	32,208,360.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)						4,611,398.	
6	Public support. Subtract line 5 from line 4						27,596,962.	
	tion B. Total Support	(-) 204E	(b) 2046	(a) 2017	(4) 2049	(2) 2010	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2015 4,940,113.	<b>(b)</b> 2016 6,697,289.	(c) 2017 4,886,349.	( <b>d</b> ) 2018	(e) 2019 9,937,771.	(f) Total	
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	699.	8,960.	27,371.	14,948.	79,056.	131,034.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	17,986.	40,830.	124,536.	120,259.	364.	303,975.	
11	Total support. Add lines 7 through 10						32,643,369.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	5,406,949.	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<del>.</del>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►	
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	84.54%	
15	Public support percentage from 2018					15	96.08 <b>%</b>	
16a	331/3% support test - 2019. If the org	ganization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, c		
	box and <b>stop here.</b> The organization qu	•		_				
b	331/3% support test - 2018. If the org							
	this box and <b>stop here.</b> The organization	-		-				
17a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization					•	•	
	Part VI how the organization meets t			=	-			
h	organization							
D		-						
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-	
	· -				_	-		
18	supported organization  Private foundation. If the organization							
10	<u> </u>							
	instructions					chadula A (Form 0		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			'		•	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	r the organiza	tion's first seco	and third fourth	or fifth tax v	ear as a section	n 501(c)(3)
14	organization, check this box and <b>stop here</b> .	· ·	· ·		•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2018 Sched					16	% %
	tion D. Computation of Investment					10	/0
	-			13 column (f))		17	%
17	Investment income percentage for 2019 (lin						<u>%</u> %
18	Investment income percentage from 2018 S					18	
туа	331/3% support tests - 2019. If the org	_					
	17 is not more than 331/3%, check this	-	_	•			
b	331/3% support tests - 2018. If the orga						
20	line 18 is not more than 331/3%, check		-	•		• • •	

Schedule A (Form 990 or 990-EZ) 2019 Page 4

#### **Supporting Organizations** Part IV

(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.)

#### S

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

Schedule A (Form 990 or 990-EZ) 2019

10b

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2019 Page **5** 

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	711 21 Type Toupper unity of game attents		Yes	No
	Did the directors twistons or membership of one or more comparted exeminations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Jectic	on 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			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its composted experiencians by the last day of the fifth month of the		Yes	No
ı	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 <b>Part VI</b> 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inotru	otione)	
·	The organization supported a governmental entity. Describe in talk of now you supported a government entity (see	monu	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
<b>L</b>	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990 or 990-F7) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization		. age 🗸
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization			
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	1a		
<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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Page 7

**Current Year** 

Section D - Distributions

1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	, , , , , , , , , , , , , , , , , , , ,					
	and 4c.					
8	Breakdown of line 7:					
<u>а</u>	Excess from 2015					
b	Excess from 2016					
С.	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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.)

					ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL			
MISCELLANEOUS INCOME	17,986.	40,830.	124,536.	120,259.	364.	303,975.			
TOTALS	17,986.	40,830.	124,536.	120,259.	364.	303,975.			

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

ARTS MIDWEST INC 41-1000424 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization ARTS MIDWEST INC

Employer identification number 41-1000424

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,780,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,110,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 1,825,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 201,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ARTS MIDWEST INC

Employer identification number 41-1000424

Part II	Noncash Property	(see instructions)	). Use duplicate co	pies of Part II if additional	space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization ARTS MIDWEST INC **Employer identification number** 41-1000424 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number ARTS MIDWEST INC

	15 MIDWEST INC		41-1000424
Pa	art I Organizations Maintaining Donor Advise		
	Complete if the organization answered "Y		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ac	lyisors in writing that the ass	ets held in donor advised
_	funds are the organization's property, subject to the or	<del>-</del>	
6	Did the organization inform all grantees, donors, and	•	
•	only for charitable purposes and not for the benefit	_	=
	conferring impermissible private benefit?		
D۵	art II Conservation Easements.		
1 6	Complete if the organization answered "Y	es" on Form 990 Part IV li	ne 7
1	Purpose(s) of conservation easements held by the or		
•			
	Preservation of land for public use (for example, re		ervation of a historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
_	Preservation of open space	pre i	
2	Complete lines 2a through 2d if the organization held	a qualified conservation contr	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements .		
С	Number of conservation easements on a certified his	toric structure included in (a) .	2c
d	Number of conservation easements included in (c) a	cquired after 7/25/06, and no	ot on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transf	erred, released, extinguished,	or terminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserva	tion easement is located ▶	
5	Does the organization have a written policy regar	ding the periodic monitoring	inspection, handling of
	violations, and enforcement of the conservation easer	nents it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspect		
	<b>•</b>		· ·
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and en	forcing conservation easements during the year
	<b>▶</b> \$	,, 3	3 ,
8	Does each conservation easement reported on line 2(d	) above satisfy the requirement	s of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports con		
•	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easements		
Pa	art III Organizations Maintaining Collections of		or Other Similar Assets.
	Complete if the organization answered "Y		
 1а	If the organization elected, as permitted under FASE		
ıa	of art, historical treasures, or other similar assets	held for public exhibition, ed	lucation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to	ts financial statements that de	scribes these items.
b		3 ASC 958, to report in its re	evenue statement and balance sheet works of
	art, historical treasures, or other similar assets held the provide the following amounts relating to those items	or public exhibition, education	n, or research in furtherance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
	following amounts required to be reported under FAS		
a	Revenue included on Form 990, Part VIII, line 1.		
<u>b</u>	Assets included in Form 990, Part X		<u></u> _

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

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historic	al Treasures	, or O	ther Similar	Assets (d	continued)	
3	Using the organization's acquisition	on, accession, and c	ther records,	check any of	the f	ollowing that r	make sigr	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or excha	nge pr	rogram			
b	Scholarly research		е 🗍	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ		and explain	how they furt	ther th	ne organization	's exemp	t purpose i	in Part
	XIII.		,	,		J			
5	During the year, did the organization	on solicit or receive d	lonations of a	t. historical tre	easure	s. or other simi	lar		
	assets to be sold to raise funds rath							Yes	No
Pa	rt IV Escrow and Custodial A		•						
	Complete if the organiza 990, Part X, line 21.	•	s" on Form 9	990, Part IV,	line 9,	, or reported a	an amour	nt on Form	1
1a	Is the organization an agent, truste	e, custodian or othe	er intermediar	y for contributi	ions or	other assets no	ot		
	included on Form 990, Part X?						[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the follow	ring table:					
	, ,	'		ſ			Amount		
С	Beginning balance				1c				
d	Additions during the year			Г	1d				
е	Distributions during the year			F	1e				
f	Ending balance			-	1f				
2a	Did the organization include an am					odial account lia	ability?	Yes	No
	If "Yes," explain the arrangement i								
	rt V Endowment Funds.		2.0 ii ii.0 0,410		, p. c .			· · · · · <u>·</u>	
	Complete if the organiza	ation answered "Ye	s" on Form	990. Part IV.	line 1	0.			
	complete ii and organii.	(a) Current year	(b) Prior yea		years b		vears back	(e) Four yea	ırs back
4.	Danis dan afasan kalasa	315,827.	(2)	. (7)	,	(4)	youro buon	(0) : 00: )00	
1a	Beginning of year balance	49,090.	300,	300					
b	Contributions	15,050.	3007						
С	Net investment earnings, gains,	40,409.	15,	527					
	and losses	10,100.	13,	327.					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	405,326.	315,	0 2 7					
g	End of year balance								
2	Provide the estimated percentage			ne 1g, column	(a)) he	eld as:			
а	Board designated or quasi-endown	nent ►	_%						
	Permanent endowment ► 100.0								
С	Term endowment ▶								
_	The percentages on lines 2a, 2b, a	•							
3a	Are there endowment funds not in	the possession of th	ie organizatio	n that are held	and a	administered for	r the	Va	- No
	organization by:							Yes	
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate				?			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	<b>Jipment.</b> ation answered "Ye	es" on Form	990 Part IV	line 1	1a See Form	1990 Pa	rt X line 1	10
	Description of property	(a) Cost or		Cost or other ba		c) Accumulated		) Book value	
		(invest	ment)	(other)	`	depreciation	(		
1a	Land								
b	Buildings								
С	Leasehold improvements			183,54		183,515.			34.
d	Equipment			176,54		176,325.			219.
e	Other			79,00		79,001.			
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X,	column (B), line	e 10c.)	) <b>.</b>			253.

Schedule D (Form 990) 2019

	stments - Other Securities.  Applete if the organization answered	"Yes" on Form 990	O, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) De:	scription of security or category ncluding name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financial deri	/atives			
	quity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
• • •	st equal Form 990, Part X, col. (B) line 12.) .			
Part VIII Inve	stments - Program Related.  pplete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
(a)	Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	of a gual Forms 2000 Post V and (P) line 42.)			
	er Assets.			
	plete if the organization answered		O, Part IV, line 11d. See Form 990,	
(4)	(a) Des	cription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) lii	ne 15.)		
	er Liabilities.	,		
	nplete if the organization answered 25.	"Yes" on Form 990	D, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descript	ion of liability		(b) Book value
(1) Federal inco				
(2) PAYCHECK	PROTECTION PROGRAM			120,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				120,000
Tatal (Caluman (h) m	nust equal Form 990, Part X, col. (B) line 25.) .		<b>L</b>	170 000

Page 4 Schedule D (Form 990) 2019

Part	n.		
1	Total revenue, gains, and other support per audited financial statements	1	11,403,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	20	198,913.
е	Add lines 2a through 2d	2e 3	11,204,276.
3	Subtract line 2e from line 1		
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,204,276.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	7,671,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Cirici 1030c3 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	-	
d e	Other (Describe in Part XIII.)	2e	92,891.
3	Subtract line 2e from line 1	3	7,578,984.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	7 570 004
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,578,984.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

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

OMB No. 1545-0047
2019

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

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
ARTS MIDWEST INC						41-100042	24
Part I General Information on Grants an	d Assistanc	е				<u>'</u>	
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to II Part IV, line 21, for any recipient to the selection of t</li></ol>	nts or assistand dures for mor Domestic Or	ce? nitoring the use <b>ganizations a</b> i	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	X Yes Now
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW MEXICO HIGHLANDS UNIVERSITY							
1005 DIAMOND ST LAS VEGAS, NM 87701	85-6000406	170(A)(1)	5,500.				BIG READ
(2) CHILLICOTHE PUBLIC LIBRARY DISTRICT							
430 N BRADLEY AVE CHILLICOTHE, IL 61604	37-6021604	170(C)(1)	6,740.				BIG READ
(3) MINNESOTA STATE COLLEGES AND UNIVERSITIES							
1500 BIRCHMONT AVE BEMIDJI, MN 56601-2600	41-1687554	170(C)(1)	7,813.				BIG READ
(4) CITY AND BOROUGH OF JUNEAU							
292 MARINE WAY JUNEAU, AK 99801	92-0038816	170(C)(1)	8,200.				BIG READ
(5) STATEN ISLAND OUTLOUD, INC.							
350 RICHMOND TER #2B STATEN ISLAND, NY	27-1531761	501(C)(3)	8,500.				BIG READ
(6) CITY OF GALESBURG							
40 E SIMMONS ST GALESBURG, IL 61401-4515	37-6001163	170(C)(1)	9,100.				BIG READ
(7) ATHENS-LIMESTONE PUBLIC LIBRARY							
603 S JEFFERSON ST ATHENS, AL 35611	58-1975058	501(C)(3)	10,200.				BIG READ
(8) LAWRENCE PUBLIC LIBRARY FOUNDATION							
707 VERMONT ST LAWRENCE, KS 66044-2371	48-6033699	501(C)(3)	11,400.				BIG READ
(9) MIAMI POLICE ATHLETIC LEAGUE INC							
400 NW 2ND AVE RM 201 MIAMI, FL 33130-1706	65-0669948	501(C)(3)	11,400.				BIG READ
(10) FISHTRAP, INC.							
PO BOX 38 ENTERPRISE, OR 97828-0038	93-1075971	501(C)(3)	11,500.				BIG READ
(11) FOX CITIES BOOK FESTIVAL, INC.							
PO BOX 1014 APPLETON, WI 54912-1014	39-1636096	501(C)(3)	12,500.				BIG READ
(12) CITY OF GERMANTOWN							
1930 S GERMANTOWN RD GERMANTOWN, TN 38138	62-6014996	170(C)(1)	12,800.				BIG READ
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		<del>. •</del>	
3 Enter total number of other organizations lis	sted in the line	1 table					

JSA

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

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

ARTS MIDWEST INC							41-1000424	
Part I General Information on Grants and	d Assistanc	е				•		
<ol> <li>Does the organization maintain records to sure the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand lures for moi	ce?	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) YMCA OF SAN FRANCISCO								
1426 FILLMORE ST #204, SAN FRANCISCO, CA	94-0997140	501(C)(3)	13,000.				BIG READ	
(2) CITY OF ELLSWORTH								
20 STATE ST ELLSWORTH, ME 04605-1924	01-6000027	170(C)(1)	13,100.				BIG READ	
(3) LEON COUNTY FLORIDA								
200 W PARK AVE TALLAHASSEE, FL 32301	59-6000708	170(C)(1)	13,243.				BIG READ	
(4) HARTFORD PUBLIC LIBRARY								
500 MAIN ST HARTFORD, CT 06103-3075	06-6026029	501(C)(3)	13,800.				BIG READ	
(5) CITY OF NACOGDOCHES								
1112 NORTH ST NACOGDOCHES, TX 75961-4482	75-6000621	170(C)(1)	13,800.				BIG READ	
(6) CITY OF CORONA								
650 S MAIN ST CORONA, CA 92882	95-6000697	170(C)(1)	14,600.				BIG READ	
(7) CITY OF LITTLE ROCK, DBA, CENTRAL ARKANSAS								
100 ROCK STREET LITTLE ROCK, AR 72201-1624	71-6014106	170(C)(1)	14,900.				BIG READ	
(8) ARTS CONNECTION								
5500 UNIVERSITY PKY BLDG 308 SAN BERNARDINO	46-3088038	501(C)(3)	14,960.				BIG READ	
(9) SEVEN STAGES, INC.								
266 PATTERSON AVE SE ATLANTA, GA 30316	58-1372363	501(C)(3)	15,000.				BIG READ	
(10) VILLAGE OF MENOMONEE FALLS								
W156 N8436 PILGRIM RD, MENOMONEE FALLS, WI	39-6006317	170(C)(1)	15,000.				BIG READ	
(11) COMMUNITY ACCESS TELEVISION FOR MALDEN, INC								
145 PLEASANT ST MALDEN, MA 02148-4801	04-2973105	501(C)(3)	15,000.				BIG READ	
(12) BOARD OF COUNTY COMMISSIONERS								
102 E 7TH AVE TAMPA, FL 33602-2226	59-6000661	170(C)(1)	15,000.				BIG READ	
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations list</li></ul>	_	J						

JSA

9E1288 1.000

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

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
ARTS MIDWEST INC						41-100042	24
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor omestic Or	ce? nitoring the use <b>ganizations a</b> r	of grant funds in the	e United States.	nplete if the organiza	ation answered "Y	X Yes No
Part IV, line 21, for any recipient the	1	T	1	· ·	· · · · · · · · · · · · · · · · · · ·		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAYSVILLE & MASON COUNTY LIBRARY, HISTORICA							
215 SUTTON ST MAYSVILLE, KY 41056-1109	61-0444776	501(C)(3)	15,000.				BIG READ
(2) CITY OF DALLAS							
1515 YOUNG ST DALLAS, TX 75201-5411	75-6000050	170(C)(1)	15,000.				BIG READ
(3) THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF							
PO BOX 160118 ORLANDO, FL 32826-0118	59-2924021	170(C)(1)	15,000.				BIG READ
(4) MUSCOGEE COUNTY FRIENDS OF LIBRARIES							
PO BOX 5381 COLUMBUS, GA 31906-0381	31-1596861	501(C)(3)	15,000.				BIG READ
(5) NATIONAL MUSEUM OF MEXICAN ART							
1852 W 19TH ST CHICAGO, IL 60608-2706	36-3225519	501(C)(3)	15,000.				BIG READ
(6) WRITE OUT LOUD							
2358 UNIVERSITY AVE #179, SAN DIEGO, CA	23-7257065	501(C)(3)	15,000.				BIG READ
(7) THE PIRATE'S ALLEY FAULKNER SOCIETY, INC.							
6028-30 PRYTANIA ST NEW ORLEANS, LA 70118	72-1196493	501(C)(3)	15,000.				BIG READ
(8) CITY OF LOS ANGELES							
201 N FIGUEROA ST STE 1400, LOS ANGELES, CA	95-6000735	170(C)(1)	15,000.				BIG READ
(9) LEWIS & CLARK LIBRARY							
120 S LAST CHANCE GULCH HELENA, MT 59601	81-0398318	170(C)(1)	15,000.				BIG READ
(10) PUEBLO REGIONAL LIBRARY DISTRICT							
100 E ABRIENDO AVE PUEBLO, CO 81004-4232	84-0616785	501(C)(3)	15,000.				BIG READ
(11) THE LUTHER F. CARSON FOUR RIVERS PERFORMING							
100 KENTUCKY AVE PADUCAH, KY 42003-1500	61-1293480	501(C)(3)	15,000.				BIG READ
(12) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT							
600 FORBES AVE PITTSBURGH, PA 15282-0001		501(C)(3)	15,000.				BIG READ
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		▶	
3 Enter total number of other organizations list	ted in the line	1 table				<b>•</b>	

JSA

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

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

**Employer identification number** Name of the organization ARTS MIDWEST INC 41-1000424 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) COLLEGE OF LAKE COUNTY 19351 W WASHINGTON ST GRAYSLAKE, IL 60030 36-2648760 170(C)(1) 15,000. BIG READ (2) LINCOLN COUNTY PUBLIC LIBRARY 201 LANCASTER ST STANFORD, KY 40484-1242 61-0675287 170(C)(1) 15,000. BIG READ (3) BILLINGS CULTURAL PARTNERS 622 NORTH 29TH BILLINGS, MT 59101-1130 81-0625752 15,000. 501(C)(3) BIG READ (4) ARTREACH ST. CROIX 224 NORTH 4TH ST STILLWATER, MN 55082-4807 41-1758837 501(C)(3) 15,000. BIG READ (5) LIGHTHOUSE WRITERS WORKSHOP 1515 RACE ST DENVER, CO 80206-1307 32-0102662 501(C)(3) 15,000. BIG READ (6) BOARD OF EDUCATION OF THE TOMS RIVER REGION 1144 HOOPER AVE TOMS RIVER, NJ 08753 21-6000322 170(C)(1) 15,000 BIG READ (7) BROWARD PUBLIC LIBRARY FOUNDATION 100 S ANDREWS AVE FORT LAUDERDALE, FL 33301 59-2224746 501(C)(3) 15,000 BIG READ (8) GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATIO 1530 NEWCASTLE ST BRUNSWICK, GA 31520-6805 58-1822047 501(C)(3) 15,000. BIG READ (9) TROY UNIVERSITY ADMINISTRATION ROOM 248 TROY, AL 36082 63-6001102 501(C)(3) 15,000. BIG READ (10) ANAHEIM PUBLIC LIBRARY - CANYON HILLS BRANC 400 S SCOUT TRAIL ANAHEIM, CA 92807 95-6000666 170(C)(1) 15,000. BIG READ (11) SHAKE RAG ALLEY INC. 18 SHAKE RAG ST MINERAL POINT, WI 53565 26-0094618 501(C)(3) 15,000. BIG READ (12) SEATTLE PACIFIC UNIVERSITY 3307 THIRD AVE W SEATTLE, WA 98119-1997 91-0565553 170(C)(1) 15,000. BIG READ 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

JSA

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

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

▶ Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** Name of the organization ARTS MIDWEST INC 41-1000424 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) CITY OF DEARBORN 15201 COMMERCE DR N DEARBORN, MI 48120-1201 38-6004605 170(C)(1) 15,000. BIG READ (2) CITY OF OCEANSIDE 330 N COAST HWY OCEANSIDE, CA 92054-2824 95-1688570 170(C)(1) 15,000. BIG READ (3) WORCESTER COUNTY LIBRARY FOUNDATION INC. 15,000. 307 N WASHINGTON ST SNOW HILL, MD 21863 20-2766558 501(C)(3) BIG READ (4) POUGHKEEPSIE PUBLIC LIBRARY DISTRICT 93 MARKET ST POUGHKEEPSIE, NY 12601-4029 14-1701733 501(C)(3) 15,000. BIG READ (5) COUNTY OF VOLUSIA 1290 INDIAN LAKE RD DAYTONA BEACH, FL 32124 59-0000885 170(C)(1) 15,000. BIG READ (6) HOPE COLLEGE 141 E 12TH ST HOLLAND, MI 49423-3607 38-1381271 501(C)(3) 15,000 BIG READ (7) CITY OF ATTLEBORO 74 N MAIN ST ATTLEBORO, MA 02703-2280 04-6001378 170(C)(1) 15,000 BIG READ (8) THE UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968-0587 74-6000813 170(C)(1) 15,000. BIG READ (9) ORANGE COUNTY LIBRARY SYSTEM 101 E CENTRAL BLVD ORLANDO, FL 32801-2471 59-2045143 501(C)(3) 15,000. BIG READ (10) SCENIC REGIONAL LIBRARY 251 UNION PLAZA DR UNION, MO 63084 43-6015233 501(C)(3) 15,000. BIG READ (11) DICKINSON STATE UNIVERSITY 291 CAMPUS DR DICKINSON, ND 58601-4853 45-6002480 170(C)(1) 15,000. BIG READ (12) SAINT LOUIS UNIVERSITY 3733 WEST PINE MALL ST. LOUIS, MO 63108 43-0654872 501(C)(3) 15,000. BIG READ 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

JSA

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2019

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

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

Open to Public Inspection

**Employer identification number** 

ARTS MIDWEST INC 41-1000424 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) COUNTY OF FRESNO 2420 MARIPOSA ST FRESNO, CA 93721-2204 94-6000512 170(C)(1) 15,000. BIG READ (2) PATERSON FREE PUBLIC LIBRARY 250 BROADWAY PATERSON, NJ 07501 69-0220083 170(C)(1) 15,000. BIG READ (3) WAUKESHA PUBLIC LIBRARY 321 WISCONSIN AVE WAUKESHA, WI 53186-4713 39-6005642 170(C)(1) 15,000. BIG READ (4) MIAMI DADE COLLEGE 59-1210485 300 NE SECOND AVE MIAMI, FL 33132-2204 501(C)(3) 15,000. BIG READ (5) ORANGE COUNTY 1501 E SAINT ANDREW PL 95-6009280 170(C)(1) 15,000. BIG READ (6) COLUMBIA GORGE COMMUNITY COLLEGE 400 E SCENIC DR THE DALLES, OR 97058-3456 93-0700843 170(A)(1) 15,000 BIG READ (7) REUBEN MCMILLAN FREE LIBRARY ASSOCIATION 305 WICK AVE YOUNGSTOWN, OH 44503-1003 34-6003201 501(C)(3) 15,000 BIG READ (8) QUINCY PUBLIC LIBRARY 526 JERSEY ST QUINCY, IL 62301-3996 37-6000383 170(C)(1) 15,000. BIG READ (9) VIGO COUNTY PUBLIC LIBRARY 1 LIBRARY SQUARE TERRE HAUTE, IN 47807 35-1300359 170(C)(1) 15,000. BIG READ (10) NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS & 195 CHURCH ST 12TH FL NEW HAVEN, CT 06510 06-1444222 501(C)(3) 15,000. BIG READ (11) WICHITA PUBLIC LIBRARY FOUNDATION 48-1042418 509(A) 15,000. 711 W 2ND ST WICHITA, KS 67203 BIG READ (12) WOODLAND PATTERN BOOK CENTER, INC. 2734 N FRATNEY ST MILWAUKEE, WI 53212 39-1332252 501(C)(3) 15,000. BIG READ 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

JSA

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

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
ARTS MIDWEST INC						41-100042	24
Part I General Information on Grants an	d Assistanc	е				_	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol> Part II Grants and Other Assistance to D	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient t		_			-		00 0111 01111 000,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PENNYROYAL ARTS COUNCIL, INC.							
PO BOX 1038 HOPKINSVILLE, KY 42241-1038	31-0922296	501(C)(3)	15,000.				BIG READ
(2) MASSILLON MUSEUM							
121 LINCOLN WAY E MASSILLON, OH 44646-6633	34-6001833	501(C)(3)	15,000.				BIG READ
(3) NEVADA COUNTY COMMUNITY LIBRARY							
980 HELLING WAY NEVADA CITY, CA 95959-8619	94-6000526	170(A)(1)	15,000.				BIG READ
(4) SHAKESPEARE & COMPANY, INC.							SHAKESPEARE IN
70 KEMBLE ST LENOX, MA 01240-2813	04-2666826	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(5) KENTUCKY SHAKESPEARE, INC.							SHAKESPEARE IN
323 W BROADWAY E #401 LOUISVILLE, KY 40202	61-6036654	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(6) TENNESSEE SHAKESPEARE COMPANY							SHAKESPEARE IN
7950 TRINITY RD MEMPHIS, TN 38018-6297	26-2113887	501(C)(3)	20,000.				AMERICAN COMMUNITIES
(7) MARIN SHAKESPEARE COMPANY							SHAKESPEARE IN
PO BOX 4053 SAN RAFAEL, CA 94913	68-0201240	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(8) DELAWARE SHAKESPEARE FESTIVAL, INC.							SHAKESPEARE IN
PO BOX 7567 WILMINGTON, DE 19803	36-4535637	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(9) SHAKESPEARE BEHIND BARS							SHAKESPEARE IN
PO BOX 83 MACATAWA, MI 49434	27-3400469	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(10) ACTORS' SHAKESPEARE PROJECT, INC.							SHAKESPEARE IN
442 BUNKER HILL ST CHARLESTOWN, MA 02129	20-0815685	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(11) SHAKESPEARE THEATRE							SHAKESPEARE IN
516 8TH ST SE WASHINGTON, DC 20003-2834	52-1405988	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(12) PENNSYLVANIA SHAKESPEARE FESTIVAL							SHAKESPEARE IN
2755 STATION AVE CENTER VALLEY, PA 18034	23-2655672	501(C)(3)	25,000.				AMERICAN COMMUNITIES
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

JSA

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

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

ARTS MIDWEST INC						41-100042	24
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			-	-			X Yes No
2 Describe in Part IV the organization's proced							<u> </u>
Part II Grants and Other Assistance to D					nlete if the organiz	ation answered "\	/es" on Form 990
Part IV, line 21, for any recipient the		•					es on ronn 330,
	Tat received	T		· · · · · · · · · · · · · · · · · · ·	·		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEBRASKA SHAKESPEARE FESTIVAL							SHAKESPEARE IN
2500 CALIFORNIA PLAZA OMAHA, NE 68178-0133	47-0699092	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(2) MONTANA STATE UNIVERSITY							SHAKESPEARE IN
309 MONTANA HALL BOZEMAN, MT 59717-2470	81-6010045	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(3) SHAKESPEARE & COMPANY, INC.							SHAKESPEARE IN
70 KEMBLE ST LENOX, MA 01240-2813	04-2666826	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(4) SOUTHERN UTAH UNIVERSITY							SHAKESPEARE IN
351 W CENTER ST CEDAR CITY, UT 84720-2470	87-6000481	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(5) THEATER AT MONMOUTH							SHAKESPEARE IN
PO BOX 385 MONMOUTH, ME 04259-0385	01-0287022	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(6) ORLANDO SHAKESPEARE THEATER, INC.							SHAKESPEARE IN
812 E ROLLINS ST STE 100 ORLANDO, FL 32803	59-2931698	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(7) IDAHO SHAKESPEARE FESTIVAL, INC.							SHAKESPEARE IN
PO BOX 9365 BOISE, ID 83707-9365	82-0316246	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(8) CALIFORNIA SHAKESPEARE THEATER							SHAKESPEARE IN
701 HEINZ AVE BERKELEY, CA 94710-2732	51-0169452	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(9) THE SHAKESPEARE THEATRE OF NEW JERSEY, INC.							SHAKESPEARE IN
3 VREELAND RD FLORHAM PARK, NJ 07932-1505	22-1962163	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(10) SEATTLE SHAKESPEARE FESTIVAL							SHAKESPEARE IN
PO BOX 19595 SEATTLE, WA 98109-1595	91-1512717	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(11) KENTUCKY SHAKESPEARE, INC.							SHAKESPEARE IN
323 W BROADWAY E # 401 LOUISVILLE, KY 40202	61-6036654	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(12) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL							SHAKESPEARE IN
104 AIRPORT DR # 2200 CHAPEL HILL, NC 27599	56-6001393	509(A)	25,000.				AMERICAN COMMUNITIES
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis-	ted in the line	1 table					

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

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

ARTS MIDWEST INC						41-10004	24
Part I General Information on Grants and	d Assistanc	е				'	
1 Does the organization maintain records to si	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			•		• •		X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments Con	nnlete if the organiz	ation answered "\	
Part IV, line 21, for any recipient the		•					00 0111 01111 000,
	1		1	· · · · · · · · · · · · · · · · · · ·	·		T #\5
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHICAGO SHAKESPEARE THEATER							SHAKESPEARE IN
800 E GRAND AVE CHICAGO, IL 60611	36-3467607	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(2) TENNESSEE SHAKESPEARE COMPANY							SHAKESPEARE IN
7950 TRINITY RD MEMPHIS, TN 38018-6297	26-2113887	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(3) HUDSON VALLEY SHAKESPEARE FESTIVAL, INC.							SHAKESPEARE IN
143 MAIN ST COLD SPRING, NY 10516-2819	13-3499385	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(4) DENVER CENTER FOR THE PERFORMING ARTS							SHAKESPEARE IN
1101 13TH ST DENVER, CO 80204-5319	84-0407760	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(5) THEATRE FOR A NEW AUDIENCE							SHAKESPEARE IN
154 CHRISTOPHER ST # 3D NEW YORK, NY 10014	13-3059081	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(6) GUTHRIE THEATER FOUNDATION							SHAKESPEARE IN
818 SOUTH 2ND ST MINNEAPOLIS, MN 55415-1252	41-0854160	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(7) PARK SQUARE THEATRE COMPANY							SHAKESPEARE IN
408 ST.PETER ST #110 ST. PAUL, MN 55102	41-1280683	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(8) OREGON SHAKESPEARE FESTIVAL ASSOCIATION							SHAKESPEARE IN
15 S PIONEER ST ASHLAND, OR 97520-2749	93-0407022	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(9) KILGORE JUNIOR COLLEGE DISTRICT							SHAKESPEARE IN
1100 BROADWAY KILGORE, TX 75662-3299	75-6001909	170(A)(1)	25,000.				AMERICAN COMMUNITIES
(10) MARIN SHAKESPEARE COMPANY							SHAKESPEARE IN
PO BOX 4053 SAN RAFAEL, CA 94913	68-0201240	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(11) BARTER FOUNDATION, INC. STATE OF VIRGINIA							SHAKESPEARE IN
PO BOX 867 ABINGDON, VA 24212-0867	54-6000120	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(12) ALLEY THEATRE							SHAKESPEARE IN
615 TEXAS AVE HOUSTON, TX 77002-2710	74-1143076	501(C)(3)	25,000.				AMERICAN COMMUNITIES
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		<del>. •</del>	
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	<u></u>	<u> </u>	<u></u> .▶	
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	990.				Sc	hedule I (Form 990) (2019)

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

ARTS MIDWEST INC						41-10004	24
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	ince, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran	ts or assistand	ce?					X Yes No
2 Describe in Part IV the organization's proced	dures for moi	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	Omestic Or	ganizations ar	nd Domestic Gov	vernments Con	nnlete if the organiz	ation answered "\	/es" on Form 990
Part IV, line 21, for any recipient t		_					00 0111 01111 000,
		T	1	· ·	·		T #15
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACTORS' SHAKESPEARE PROJECT, INC.							SHAKESPEARE IN
442 BUNKER HILL ST CHARLESTOWN, MA 02129	20-0815685	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(2) GROUP 1 ACTING COMPANY, INC.							SHAKESPEARE IN
PO BOX 898 NEW YORK, NY 10108-0898	13-2759292	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(3) LANTERN THEATER COMPANY							SHAKESPEARE IN
PO BOX 53428 PHILADELPHIA, PA 19105-3428	23-2798692	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(4) AMERICAN PLAYERS THEATRE OF WISCONSIN							SHAKESPEARE IN
5950 GOLF COURSE RD SPRING GREEN, WI 53588	39-1583361	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(5) TRUSTEES OF AMHERST COLLEGE							SHAKESPEARE IN
201 E CAPITOL ST SE WASHINGTON, DC 20009	04-2103542	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(6) AMERICAN SHAKESPEARE CENTER							SHAKESPEARE IN
20 S NEW ST 4TH FL STAUNTON, VA 24401	54-1487955	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(7) ATLANTA SHAKESPEARE COMPANY							SHAKESPEARE IN
499 PEACHTREE ST NE ATLANTA, GA 30308-3102	58-1404045	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(8) A NOISE WITHIN							SHAKESPEARE IN AMERI
3352 E FOOTHILL BLVD PASADENA, CA 91107	95-4443878	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(9) CINCINNATI SHAKESPEARE COMPANY							SHAKESPEARE IN
217 W 12TH ST CINCINNATI, OH 45202-7532	31-1413229	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(10) WILL GEER THEATRICUM BOTANICUM							SHAKESPEARE IN
PO BOX 1222 TOPANGA, CA 90290-1222	23-7369475	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(11) NASHVILLE SHAKESPEARE FESTIVAL							SHAKESPEARE IN
161 RAINS AVE NASHVILLE, TN 37203-5330	58-1807951	501(C)(3)	25,000.				AMERICAN COMMUNITIES
(12) GREAT LAKES THEATER FESTIVAL, INC.							SHAKESPEARE IN
1501 EUCLID AVE #300 CLEVELAND, OH 44115	34-0901212	501(C)(3)	25,000.				AMERICAN COMMUNITIES
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	e 1 table					
For Paperwork Reduction Act Notice, see the Instruct							hedule I (Form 990) (2019)

JSA

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

2019

OMB No. 1545-0047

41-1000424

Department of the Treasury Internal Revenue Service Name of the organization

ARTS MIDWEST INC

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

**Open to Public** Inspection ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

Part I	General Information on Grants and	d Assistanc	е								
1 Do	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the	the selection criteria used to award the grants or assistance?										
<b>2</b> Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II	Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,			
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) AFRI	CAN-AMERICAN SHAKESPEARE COMPANY							SHAKESPEARE IN			
762	FULTON ST #306 SAN FRANCISCO, CA 94102	94-3192980	501(C)(3)	25,000.				AMERICAN COMMUNITIES			
(2) ALAB	AMA SHAKESPEARE FESTIVAL							SHAKESPEARE IN			
	FESTIVAL DR MONTGOMERY, AL 36117-4605	63-0652734	501(C)(3)	25,000.				AMERICAN COMMUNITIES			
(3) COLO	RADO SEMINARY										
	EAST ILIFF AVE DENVER, CO 80210-5403	84-0404231	501(C)(3)	6,000.				CHINA ON TOUR			
(4) REGE	NTS OF THE UNIVERSITY OF COLORADO										
	AUSTIN BLUFFS PKY, COLORADO SPRINGS	18-6192829	501(C)(3)	6,000.				CHINA ON TOUR			
(5) PURD	UE UNIVERSITY										
	MEMORIAL MALL WEST LAFAYETTE, IN 47907	35-6002041	170(C)(1)	6,000.				CHINA ON TOUR			
(6) UNIV	ERSITY OF UTAH										
1395	E PRESIDENTS CIR, SALT LAKE CITY, UT	87-6000525	501(C)(3)	6,000.				CHINA ON TOUR			
(7) CLEV	ELAND MODERN DANCE ASSOCIATION										
1311	0 SHAKER SQ #100 CLEVELAND, OH 44120	34-6561006	501(C)(3)	5,900.				CARES OHIO			
(8) ART	OPPORTUNITIES INC										
20 E	CENTRAL PKY 1ST FL, CINCINNATI, OH	31-1665900	501(C)(3)	7,375.				CARES OHIO			
(9) FIRE	FISH ARTS INC.										
520	BROADWAY AVE 3RD FL LORAIN, OH 44052	47-5575066	501(C)(3)	10,000.				CARES OHIO			
(10) BUCK	EYE AUTHORS BOOK FAIR COMMITTEE, INC.										
527	N MARKET ST STE 2 WOOSTER, OH 44691	34-1184089	501(C)(3)	11,000.				CARES OHIO			
(11) CONS	ERVANCY FOR CUYAHOGA VALLEY NATIONAL PA										
1403	W HINES HILL RD PENINSULA, OH 44264	34-1917257	501(C)(3)	11,800.				CARES OHIO			
(12) CONT	EMPORARY ARTS CENTER										
44 E	6TH ST CINCINNATI, OH 45202-2518	31-0590095	501(C)(3)	11,800.				CARES OHIO			
2 Ent	er total number of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tal	ole		<b>&gt;</b>				
_ <b>3</b> Ent	er total number of other organizations list	ed in the line	1 table	<u></u>	<u> </u>	<u> </u>	<u> </u>				
	work Reduction Act Notice, see the Instructi							edule I (Form 990) (2019)			

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2019

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

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

Open to Public Inspection

Employer identification number

ARTS MIDWEST INC	41-10004	41-1000424					
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistand	e?				s or assistance, and	X Yes No
Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YELLOW SPRINGS ARTS COUNCIL							
PO BOX 459 YELLOW SPRINGS, OH 45387-0459	31-1215024	501(C)(3)	11,800.				CARES OHIO
(2) SCULPTUREWALK SIOUX FALLS							
300 S PHILLIPS AVE #L104, SIOUX FALLS, SD	20-8535871	501(C)(3)	10,000.				CARES SOUTH DAKOTA
(3) ABERDEEN ARTS COUNCIL							
225 3RD AVE SE ABERDEEN, SD 57401-4245	23-7181353	501(C)(3)	10,000.				CARES SOUTH DAKOTA
(4) BLACK HILLS PLAYHOUSE, INC.							
PO BOX 2513 RAPID CITY, SD 57709	46-0215866	501(C)(3)	12,500.				CARES SOUTH DAKOTA
(5) RAPID CITY ARTS COUNCIL							
713 7TH ST RAPID CITY, SD 57701-3613	23-7116252	501(C)(3)	12,500.				CARES SOUTH DAKOTA
(6) WASHINGTON PAVILION MANAGEMENT							
301 S MAIN AVE SIOUX FALLS, SD 57104	46-0435791	501(C)(3)	12,500.				CARES SOUTH DAKOTA
(7) SISSETON ARTS COUNCIL, INC.							WE THE MANY:
PO BOX 313 SISSETON, SD 57262-0313	46-0395723	501(C)(3)	45,000.				COMMUNITY PARTNER
(8) ART ON THE PRAIRIE							WE THE MANY:
1215 WARFORD ST PERRY, IA 50220-1621	27-2941800	501(C)(3)	45,000.				COMMUNITY PARTNER
(9) HONEYWELL FOUNDATION, INC.							WE THE MANY:
275 W MARKET ST WABASH, IN 46992	35-0390706	501(C)(3)	45,000.				COMMUNITY PARTNER
(10) DAKOTA LEGACY							
414 E MAIN AVE BISMARCK, ND 58501-4042	45-2773956	501(C)(3)	5,618.				CARES NORTH DAKOTA
(11) ANEW BAM							BUSH COMMUNITY
2355 HIGHWAY 36 W STE 400 ST PAUL, MN 55113	41-1978031	501(C)(3)	9,000.				CREATIVITY COHORT
(12) ASIAN ECONOMIC DEVELOPMENT ASSOCIATION							BUSH COMMUNITY
422 UNIVERSITY AVE W ST PAUL, MN 55103	41-1911474	501(C)(3)	25,000.				CREATIVITY COHORT
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lies	government	organizations lis	sted in the line 1 tal	ole			

JSA

9E1288 1.000

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

Schedule I (Form 990) (2019)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

▶ Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** Name of the organization ARTS MIDWEST INC 41-1000424 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) HIGHER GROUND CHURCH OF GOD IN CHRIST BUSH COMMUNITY 400 1ST ST S STE 600 ST CLOUD, MN 56301 83-0345712 | 501(C)(3) 15,000. CREATIVITY COHORT (2) AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS BUSH COMMUNITY 1821 UNIVERSITY AVE STE S-145 80-0345712 501(C)(3) 15,000. CREATIVITY COHORT (3) FLANDREAU SANTEE SIOUX TRIBE BUSH COMMUNITY 23-7000301 10,666. 603 W BROAD AVE FLANDREAU, SD 57028 TRIBAL GOV'T CREATIVITY COHORT (4) WELCOME CENTER, INC BUSH COMMUNITY 111 N MAIN ST STE 101 AUSTIN, MN 55912 41-1978031 501(C)(3) 7,568 CREATIVITY COHORT (5) SEAD PROJECT, THE BUSH COMMUNITY 1007 W BROADWAY AVE MINNEAPOLIS, MN 55411 47-4088420 501(C)(3) 18,000. CREATIVITY COHORT (6) AFRO AMERICAN DEVELOPMENT ASSOCIATION BUSH COMMUNITY 1350 32ND ST S FARGO, ND 58103 47-2221305 501(C)(3) 20,740 CREATIVITY COHORT (7) PANGEA WORLD THEATER BUSH COMMUNITY 711 W LAKE ST STE 101 MINNEAPOLIS, MN 55408 41-1854164 501(C)(3) 20,000 CREATIVITY COHORT (8) REGION FIVE DEVELOPMENT BUSH COMMUNITY POLITICAL SUB 200 1ST ST NE STE 2 STAPLES, MN 56479 41-1238886 25,000 CREATIVITY COHORT (9) JUXTAPOSITION INC BUSH COMMUNITY 2007 EMERSON AVE N MINNEAPOLIS, MN 55411 41-1851915 501(C)(3) 25,000. CREATIVITY COHORT (10) PILLSBURY UNITED COMMUNITIES BUSH COMMUNITY 125 W BROADWAY #130 MINNEAPOLIS, MN 55411 41-0916478 501(C)(3) 8,750 CREATIVITY COHORT (11)(12)113. 42.

JSA

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_ 3					
4					
5					
6					
_ 7					

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

PART I, LINE 2

ACCORDING TO OUR ESTABLISHED SUB-RECIPIENT MONITORING POLICY WE HAVE
SEVERAL MONITORING METHODS IN PLACE. WE REQUIRE OUR GRANTEES TO SUBMIT
PROGRAM INFORMATION AT SPECIFIC INTERVALS FOR THEIR AWARD. THIS INCLUDES
BUT IS NOT LIMITED TO PROGRAM CALENDARS, ARTIST CONTRACTS, SUMMARY
REPORTS, AND A FINAL REPORT ON ACTIVITIES. WE CONDUCT A HANDFUL OF SITE
VISITS PER PROGRAM AND PROGRAM CYCLE. WE ASSESS RISK ON THE FEDERAL
PROGRAMS BY REQUIRING REGISTRATION WITH SAM.GOV. FINALLY, ARTS MIDWEST
STAFF MAINTAIN A REGULAR SCHEDULE OF COMMUNICATION WITH EACH GRANTEE VIA
EMAIL, TELEPHONE, AND GRANTEE WEB PORTALS.

Schedule I (Form 990) (2019)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization ARTS MIDWEST INC Employer identification number 41-1000424

<b>Part</b>	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence  Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41	Х	
2	explain	1b	Λ	
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		X
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in, or receive payment from, a supplemental hondualined retirement plant.	40 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	C-		Х
a b	The organization?	6a 6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD.		21
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID J. FRAHER	(i)	220,418.	0.	0.	18,798.	14,065.	253,281.	0.
PRESIDENT & CEO - PART-YEAR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

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

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ARTS MIDWEST INC

Name of the organization

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

Employer identification number 41-1000424

PART III, LINE 1

(CONTINUATION FROM PART III) ARTS MIDWEST WORKS COLLABORATIVELY WITH PRIVATE AND PUBLIC ARTS SUPPORTERS THROUGHOUT ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, NORTH DAKOTA, OHIO, SOUTH DAKOTA, AND WISCONSIN. WE BELIEVE THAT CREATIVITY HAS THE POWER TO INSPIRE AND UNITE HUMANITY AND WE NURTURE THROUGH PROGRAMS THAT GATHER, INVEST, AND GROW COMMUNITIES AND ORGANIZATIONS ACROSS THE MIDWEST.

PART III, LINE 4A

(CONTINUATION FROM PART III) ARTS MIDWEST TOURING FUND ENGAGES MIDWESTERN AUDIENCES IN MEANINGFUL EXPERIENCES WITH MULTICULTURAL PERFORMING ARTISTS FROM ACROSS THE MIDWEST, THE NATION, AND THE WORLD THROUGH FEE SUPPORT GRANTS TO PERFORMING ARTS PRESENTERS IN OUR REGION. THROUGH THE 2019-2020 CYCLE, WE AWARDED MORE THAN \$345,000 TO 168 ORGANIZATIONS ACROSS THE MIDWEST. THESE ORGANIZATIONS REACHED MORE THAN 71,000 ADULTS AND 60,000 CHILDREN THROUGH THEIR TOURING FUND-SUPPORTED PROGRAMMING.

ARTS MIDWEST WORLD FEST CONNECTS SMALL AND MID-SIZED MIDWESTERN

COMMUNITIES TO WORLD CULTURES THROUGH WEEK-LONG RESIDENCIES WITH GLOBAL

PERFORMERS. IN 2019-2020, WE TOURED HIKARU OF JAPAN, PAULO PADILHA E

BANDO OF BRAZIL, AND OKAIDJA AFROSO, WHO SHARES THE MUSIC OF GHANA, TO

CARBONDALE, IL; RUSHVILLE, IN; AMES, IA; IRONWOOD, MI; FAIRMONT, MN;

WILLISTON, ND; BELLEFONTAINE, OH; HURON, SD; AND MENOMONIE, WI. THE

ENSEMBLES CONDUCTED PUBLIC CONCERTS, SCHOOL WORKSHOPS, AND COMMUNITY

ACTIVITIES, AND REACHED MORE THATN 24,000 PEOPLE.

THE ARTS MIDWEST CONFERENCE IS THE PREEMINENT BOOKING AND EDUCATION

CONFERENCE FOR THE MIDWEST PERFORMING ARTS INDUSTRY. THE 32ND ANNUAL

CONFERENCE TOOK PLACE IN MINNEAPLOLIS, MINNESOTA, FROM SEPTEMBER 4-9,

2019. THE CONFERENCE WELCOMED 1,226 ARTISTS, ARTIST MANAGERS/AGENTS,

PERFORMING ARTS PRESENTERS, AND ARTS ADMINISTRATORS, REPRESENTING 48 U.S.

STATES AND TERRITORIES AND EIGHT FOREIGN COUNTRIES.

ARTS MIDWEST MANAGES SHAKESPEARE IN AMERICAN COMMUNITIES ON BEHALF OF THE NATIONAL ENDOWMENT FOR THE ARTS. DURING THE 2019-2020 PROGRAM CYCLE, WE MADE \$1 MILLION IN GRANTS TO 40 NONPROFIT, PROFESSIONAL THEATER COMPANIES FROM 25 STATES AND THE DISTRICT OF COLUMBIA TO PRESENT PRODUCTIONS OF SHAKESPEARE PLAYS AND RELATED EDUCATIONAL ACTIVITIES TO MIDDLE AND HIGH SCHOOL STUDENTS. IN ADDITION, ARTS MIDWEST MADE SEVEN GRANTS TO ORGANIZATIONS PROVIDING SHAKESPHEARE PROGRAMMING FOR YOUNG PEOPLE IN THE U.S. CRIMINAL JUSTICE SYSTEM.

WE THE MANY IS A PILOT PROGRAM THAT SEEKS TO EXPAND THE UNDERSTANDING OF WHAT IT MEANS TO BE A MIDWESTERNER THROUGH THE CREATIVE EXCHANGE OF VOICES, CULTURES, AND IDEAS. THE PROGRAM IS SUPPORTING VIRTUAL PERFORMING ARTS RESIDENCIES WITH MIDWESTERN ARTISTS IN 2020-2021 IN WABASH, IN; PERRY, IA; AND SISSETON, SD.

NEA PERFORMING ARTS DISCOVERY BUILDS AND SUSTAINS INTERNATIONAL ARTS

Name of the organization

ARTS MIDWEST INC

Employer identification number

41-1000424

NETWORKS AND HIGHLIGHTS THE DIVERSITY OF THE U.S. PERFORMING ARTS MARKET, WITH A GOAL OF EXPANDING THE GLOBAL OPPORTUNITIES FOR PERFORMING ARTISTS FROM ACROSS THE UNITED STATES. IN 2019, 14 ARTS PRESENTERS FROM BRAZIL, CHILE, CHINA, MEXICO, AND SWEDEN ATTENDED THE ARTS MIDWEST CONFERENCE AND A FORUM THAT EXPLORED THE ARTS MARKET IN MINNEAPOLIS AND ST. PAUL.

PART III, LINE 4C

(CONTINUATION FROM PART III) IN 2019-2020, OUR NATIONAL INITIATIVE

CREATING CONNECTION CONTINUED TO OFFER TRAININGS AND TOOLKITS TO ARTS

ORGANIZATIONS FOCUSED ON COMMUNICATING THE VALUE OF THE ARTS AND

CREATIVITY IN OUR COMMUNITIES.

PART VI, SECTION A, LINE 3

THE ORGANIZATION CONTRACTS WITH CLIFTONLARSONALLEN, LLP, AN ACCOUNTING FIRM, TO PROVIDE FINANCIAL MANAGEMENT SERVICES. DURING FY 2020, THE ORGANIZATION PAID \$67,787 FOR THESE SERVICES.

PART VI, SECTION A, LINE 6

THE MEMBERS OF THE ORGANIZATION ARE NON-VOTING AND CONSIST OF THOSE

INTERESTED IN THE GOALS AND PURPOSES OF THE CORPORATION. MEMBERSHIP IS

ATTAINED UPON APPLICATION.

PART VI, SECTION B, LINE 11B

A DETAILED REVIEW WAS CONDUCTED BY THE ORGANIZATION'S PRESIDENT & CEO AND BY THE TREASURER. THE FINANCE COMMITTEE CONDUCTED A FINAL REVIEW AND APPROVAL OF THE RETURN PRIOR TO FILING. A DRAFT WAS ALSO DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING.

Name of the organization

ARTS MIDWEST INC

Employer identification number

41-1000424

PART VI, SECTION B, LINE 12C

EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL COMPLETE AND SIGN A CONFLICTS OF INTEREST POLICY ANNUAL STATEMENT AT THE TIME OF HIS OR HER INITIAL ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING REGARDING THE PROPOSED TRANSACTION OR ARRANGEMENT, BUT AFTER SUCH PRESENTATION, THERE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPOSED TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. ADDITIONALLY (1) THE CHAIRPERSON OF THE BOARD (OR COMMITTEE) SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT (2) AFTER EXERCISING DUE DILIGENCE, THE BOARD (OR COMMITTEE) SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST (3) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLE ATTAINABLE UNDER THE CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD (OR COMMITTEE) SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS (OR COMMITTEE MEMBERS), WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. DETAILED MINUTES OF BOARD OR COMMITTEE MEETINGS ARE MAINTAINED TO DOCUMENT ALL SUCH SITUATIONS.

Name of the organization

ARTS MIDWEST INC

Employer identification number

41-1000424

PART VI, SECTION B, LINE 15A

THE EXECUTIVE COMMITTEE SETS COMPENSATION FOR THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE USES THE FOLLOWING PROCEDURES TO SET THE COMPENSATION OF THE PRESIDENT & CEO (1) FOR THE PURPOSE OF SETTING THE PRESIDENT & CEO'S COMPENSATION, THE EXECUTIVE COMMITTEE SHALL BE MADE UP ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT (2) THE EXECUTIVE COMMITTEE OBTAINS AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION REGARDING THE COMPENSATION OF THE PRESIDENT & CEO. APPROPRIATE COMPARABILITY DATA INCLUDES COMPENSATION LEVELS PAID BY ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY NATIONALLY, REGIONALLY AND LOCALLY, AND CURRENT COMPENSATION SURVEYS. DETAILED DOCUMENTS ARE MAINTAINED OF ALL DELIBERATIONS AND DECISIONS. THE PROCESS OF DETERMINING THE COMPENSATION OF THE PRESIDENT & CEO LAST INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2018. THE EXECUTIVE COMMITTEE DELEGATES TO THE PRESIDENT & CEO THE AUTHORITY TO SET COMPENSATION FOR OTHER EXECUTIVES.

PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE MINNESOTA ATTORNEY GENERAL'S OFFICE.

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization Employer identification number

ARTS MIDWEST INC 41-1000424

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

 DESCRIPTION
 GRANTS
 EXPENSES
 REVENUE

 REGIONAL ACTIVITIES
 115,000.
 207,770.
 144,779.

 TOTALS
 115,000.
 207,770.
 144,779.

ATTACHMENT 2

#### FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

 DESCRIPTION
 ENDING BOOK VALUE

 ISHARES BARCLAYS AGG BOND FUND
 747,050.

 SPDR S&P 500 ETF TRUST
 830,019.

 ALTERNATIVES
 30,184.

 MONEY MARKET
 60,462.

 TOTALS
 1,667,715.