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Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Check if C Name of organization D Employer identification number Address Arts Midwest, Incorporated Name 41-1000424 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 3033 Excelsior Blvd 380 612-341-0755 termin-ated ,935,724. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Minneapolis, MN 55416-4695 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Torrie Allen Yes X No for subordinates? same as C above H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or If "No." attach a list. See instructions (insert no.) www.artsmidwest.org J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1973 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: To build unprecedented Activities & Governance opportunity across the Midwest by advancing creativity. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 25 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 8,862,333. Contributions and grants (Part VIII, line 1h) 6,562,333. Revenue 372,594. 390,657. Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 385,719. -206,885. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,028,042. 7,338,709. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 5,078,041. 2,650,612. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 2,300,785. 2,228,025. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 -0. b Total fundraising expenses (Part IX, column (D), line 25) 2,042,953. 1,594,981. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 6,473,618. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,421,779. 865,091. -393,737. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 10 13,146,086. 14,690,677. 20 Total assets (Part X, line 16) 1,720,567. 2,113,495. Total liabilities (Part X, line 26) Vet 11,425,519. 12,577,182. 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. · my Signature of officer Sign Torrie Allen, President and CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature /24 self-employed Paid Deb Nelson, CPA Deb Nelson, CPA 11/11 P01264758 Eide Bailly LLP Firm's EIN 45-0250958 Preparer Firm's name Firm's address 800 Nicollet Mall, Ste. 1300 Use Only Minneapolis, MN 55402-7033 Phone no.612-253-6500 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  Arts Midwest works collaboratively with private and public arts
	supporters throughout Illinois, Indiana, Iowa, Michigan, Minnesota,
	North Dakota, Ohio, South Dakota, Wisconsin, and the Native nations
	that share that geography. (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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ü	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 576, 875 • including grants of \$544, 818 • ) (Revenue \$390, 657 • )
	Regional Prosperity: Arts Midwest's Regional Prosperity programs
	support artists, arts leaders, organizations, and communities
	throughout the Midwest. Efforts include giving grants for arts events,
	activities, and projects that advance equity; supporting artist tours;
	partnering with communities to create artist residencies; and providing
	services to our member State Arts Agencies.
4b	(Code:) (Expenses \$2, 558, 051. including grants of \$1, 928, 794. ) (Revenue \$)
	National Initiatives: Arts Midwest serves the national arts sector
	through partnerships with the National Endowment for the Arts (NEA) and
	our five sister U.S. Regional Arts Organizations (USRAOs). We manage
	two programs on behalf of the NEA: Shakespeare in American Communities
	and the NEA Big Read. Through these programs, we issue grants to
	organizations to connect young people with the work of William
	Shakespeare and conduct community reading programs - bringing
	high-quality arts activities to communities across the nation.
	We also work closely with the other five USRAOs to design and implement
	programs that collectively reach organizations across the United
	States. Additionally, we provide financial support to the USRAO
4c	(Code: ) (Expenses \$ 588,486 • including grants of \$ 177,000 • ) (Revenue \$
	Celebrating Midwestern Creativity: Arts Midwest seeks to amplify
	Midwestern creativity. To that end, we honor, celebrate, and reward
	innovative artists and leaders in our region through a series of award
	programs. These awards recognize folk arts practitioners and culture
	bearers, disabled visual artists, and entrepreneurial arts
	administrators. We are also home to the Creativity News Desk, a
	cultural reporting and storytelling initiative that amplifies
	Midwestern creativity. Through the News Desk, we commission and publish
	stories that go beyond traditional arts coverage and celebrate
	creativity in all its forms. We also support partnerships, grants, and
	learning opportunities for the media field.
44	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 4,723,412.
70	Total program out the corporate and a second

# Form 990 (2023) Arts Midwest, Incorporated Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ′		
Ü	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	٣		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	<del>"</del>		125
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	- 22	
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,	١	v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		1 37
	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 of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

Form 990 (2023) Arts Midwest, Incorporated Part IV 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	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) Arts Midwest, Incorporated

Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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?	7.		Х
٦		7c		- 1
d e		7e		Х
f		7 <del>6</del>		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		v
14a	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		-23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	• •			

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

	·					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e 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 reach	hed a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	)-T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (	of interest policy, and	d financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	Katelyn Shehu - 612-238-8006	^-				
	3033 Excelsion Blvd 380 Minneapolis MN 55416-46	45				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	IIIZA		)	ірсі	Jan	(D)	(E)	(F)
Name and title	Average	Position (do not check more than					one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of other
	week (list any	tor						from the	from related organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	truste		9	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Torrie Allen	50.00									
President & CEO				Х				225,441.	0.	42,619.
(2) Anne Romens	45.00									
Vice President						X		123,430.	0.	35,576.
(3) Katelyn Shehu	45.00									
Chief Financial Officer				Х				139,655.	0.	0.
(4) Brian Tiemann	3.00									
Chair		Х		Х				0.	0.	0.
(5) Michael Vinson	3.00									
Vice Chair (Until 11/18/23)		Х		Х				0.	0.	0.
(6) Andre Perry	3.00									
Vice Chair		Х		Х				0.	0.	0.
(7) Gregory Volan	3.00									
Treasurer/Secretary		Х		Х				0.	0.	0.
(8) Matthew Harris	3.00									
Secretary (Until 11/18/23)		Х		Х				0.	0.	0.
(9) Jan Rasmussen	3.00									
Member At-Large		Х						0.	0.	0.
(10) Brian Bonde	2.00									
Director (Until 11/18/23)		Х						0.	0.	0.
(11) Sandi Clark	2.00									
Director (Until 11/18/23)		Х						0.	0.	0.
(12) Dionne Custer Edwards	2.00									
Director		Х						0.	0.	0.
(13) Jasmin De Forrest	2.00									
Director		Х						0.	0.	0.
(14) Craig Howe	2.00									
Director		Х						0.	0.	0.
(15) Mia Khimm	2.00									
Director		Х						0.	0.	0.
(16) Megan Laudenschlager	2.00									_
Director		Х						0.	0.	0.
(17) Ailithir McGill	2.00							_	_	
Director		Х						0.	0.	0.

Page 7

Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)			
(A)	(A) (B)				C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle: cer ar	ss pe	rson i	is bot	h an	compensation	compensation	a	mount	
	week		Cei ai		T	T	100)	from	from related		other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/		npensa rom th	
	related	trustee or director	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		ganizat	
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1000 1420)	1 '	d relat	
	below	Individual t	Institutional trustee	<u></u>	Key employee	sst co	e.	,			anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) Mary Pickard	2.00											
Director (Until 11/18/23)		Х						0.	0.	,		0.
(19) Omari Rush	2.00											
Director (Until 11/18/23)		Х						0.	0.	,		0.
(20) George Tzougros	2.00											
Director		Х						0.	0.	,		0.
(21) Flavia Bastos	2.00											
Director (Until 11/18/23)		Х						0.	0.	,		0.
(22) Matthew Wallace	2.00											
Director (Until 11/18/23)		Х						0.	0.	,		0.
(23) Rishard Allen	2.00											
Director		Х						0.	0.	,		0.
(24) Christine Her	2.00											
Director		Х						0.	0.	,		0.
(25) Cari Hatcher	2.00											
Director		Х						0.	0.	.		0.
(26) Joe Williams	2.00											
Director (Beg 3/8/24)		Х						0.	0.	,		0.
1b Subtotal								488,526.	0.	. 7	8,1	95.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								488,526.	0.	. 7	8,1	95.
2 Total number of individuals (including but n								eceived more than \$100,	,000 of reportable			
compensation from the organization												3
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	tion	anc	oth	ner compensation from t	he organization			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch j	pers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compens	ation fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			C)	
Name and business	address	NC	ONE	3				Description of s	services	Compe	ensatio	n
							_					

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 Arts Midv Part VII Section A. Officers, Directors, True	vest, In	CC	rp	or	<u>at</u>	ed			41-100	0424
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(D)	(E)	(F)				
Name and title	Average				C) ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	m per				organizations
	below	Individual trustee or director	Institutional trustee	e e	old ma	Highest compensated employee	er			
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(27) Miah Michaelson	2.00									
Director (Beg 3/8/24)		Х						0.	0.	0.
(28) Christina Woods	2.00									
Director (Beg 3/8/24)		Х						0.	0.	0.
			_							
				_			_			
Total to Part VII, Section A, line 1c										

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
ဗ် ဗို		Fundraising events							
ffs,		Related organizations							
ية إق					5,183,168.				
Sir		Government grants (contri			3,103,100.				
utio	т	All other contributions, gifts,			1 370 165				
들 된		similar amounts not included			1,379,165.				
on	9		lines 1a-1f	1g  \$		6 562 222			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f				6,562,333.			
					Business Code	204 245	204 245		
Se	2 a				900099	384,345.	384,345.		
ē Ķ	b	State Special Projec	cts		900099	147.	147.		
Program Service Revenue	С								
ar eve	d								
og B	е								
Ā	f	All other program service	revenue		900099	6,165.	6,165.		
	g	Total. Add lines 2a-2f				390,657.			
	3	Investment income (includ	ling divid	dends, intere	est, and				
		other similar amounts)				354,226.			354,226.
	4	Income from investment of							
	5	Royalties							
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
	ı a		I	,628,508.	(ii) Other				
		assets other than inventory	7a 1	,020,300.					
	D	Less: cost or other basis	1	507 015					
ŭ		and sales expenses		31,493.					
Revenue		Gain or (loss)			•	21 402			21 402
Ř		Net gain or (loss)				31,493.			31,493.
ther	8 a	Gross income from fundraisin	•	` . I					
Ò		including \$							
		contributions reported on	,						
		Part IV, line 18		I .	1				
		Less: direct expenses							
		Net income or (loss) from		-					
	9 a	Gross income from gamin							
		Part IV, line 19		I					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming a	activities					
	10 a	Gross sales of inventory, I	ess retui	rns					
		and allowances		10a	1				
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of	inventory					
,,					Business Code				
ous.	11 a								
in in in	b								
Miscellaneous Revenue	С								
<u>Isc</u>		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				7,338,709.	390,657.	0.	385,719.

#### 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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 2,621,112. 2,621,112. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 29,500. 29,500. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 439,395. 145,814. 252,313. 41,268. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,397,937. 720,969. 541,281. 135,687. 7 Pension plan accruals and contributions (include 40,762. 87,241. 39,002. 7,477. section 401(k) and 403(b) employer contributions) 161,159. 72,413. 74,629. 14,117. Other employee benefits 9 142,293. 64,391. 64,578. 13,324. 10 Payroll taxes 11 Fees for services (nonemployees): Management 8,233. 3,305. 4,928. Legal 79,146. 79,146. Accounting Lobbying Professional fundraising services. See Part IV, line 17 69,397. 69,397. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 612,591. 530,620. 71,247. 10,724. column (A), amount, list line 11g expenses on Sch O.) 24,788. 72,264. 4,487.42,989. Advertising and promotion 12 30,152. 21,428. 5,798. 2,926. 13 Office expenses 171,516. 120,400. 42,706. 8,410. 14 Information technology Royalties 15 14,479. 170,926. 73,734. 82,713. 16 Occupancy 264,585. 200,605. 59,993. 3,987. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 50,474. 24,599. 25,468. 407. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates ..... 17,247. 17,247. Depreciation, depletion, and amortization ..... 22 28,052. 11,963. 13,692. 2,397. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 20,398. 568. 18,340. 1,490. All other expenses 6,473,618. 4,723,412. 1,489,026. 261,180. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2023) Part X Balance Sheet

Pal	LA	Dalance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,393,135.	2	2,221,580.
	3	Pledges and grants receivable, net			1,430,497.	3	656,797.
	4	Accounts receivable, net			44,550.	4	372,078.
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			80,025.	9	77,768.
	10a	Land, buildings, and equipment: cost or other		04.060			
		basis. Complete Part VI of Schedule D		94,060.	00 500		65 404
	b	Less: accumulated depreciation		28,569.	82,739.	10c	65,491.
	11	Investments - publicly traded securities			7,647,887.	11	9,625,876.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		1 465 050	14	1 (81 008	
	15	Other assets. See Part IV, line 11		1,467,253.	15	1,671,087.	
	16	Total assets. Add lines 1 through 15 (must ed		13,146,086.	16	14,690,677.	
	17	Accounts payable and accrued expenses	1	364,489.	17	361,628.	
	18	Grants payable	393,846.	18	935,609.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
-ja		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	962,232.	23	816,258.
	24	Unsecured notes and loans payable to unrelate			902,232.	24	010,230.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	es 17-24)	. Complete Part X		25	
	26			·····	1,720,567.	26	2,113,495.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			1,720,307.	20	2,113,433
S		and complete lines 27, 28, 32, and 33.	IECK HEI				
ű	27	Net assets without donor restrictions			8,065,807.	27	8,472,659.
ala	28	Net assets with donor restrictions			3,359,712.	28	4,104,523.
B	20	Organizations that do not follow FASB ASC			3/333//1221	20	1,101,525
臣		and complete lines 29 through 33.	330, CH	con nere			
<u>p</u>	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,425,519.	32	12,577,182.
Z	33	Total liabilities and net assets/fund balances			13,146,086.	33	14,690,677.
	- 55	Total habilities and het assets/fully baldifices			_3,_10,000.	JJ.	Farry 990 (0000)

Pa	rt XI │ Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	, 47		
3	Revenue less expenses. Subtract line 2 from line 1	3			5,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,42		
5	Net unrealized gains (losses) on investments	5		28	6,5	<u>72.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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	12	,57	7,1	82.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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 compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

				Incorporated					1-1000424
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	oublic described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	•	•	•			-	• •
		more publicly supported or	•						Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
ā	a <u> </u>		•		•	-			
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	upporting
		organization. You must o	- ·						
k	) <u> </u>		•				-		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus							1 20
(		☐ Type III functionally inte						ly integrate	ed with,
		its supported organization	. , .	•	•		•	da da amazaria	
(	d	☐ Type III non-functionally					• •	•	* *
		that is not functionally int	-		-		-	an attentiv	/eriess
_		requirement (see instructi	·					II Tuna III	
•	•	Check this box if the orga functionally integrated, or					Type I, Type	ii, Type iii	
	F Enta	er the number of supported o	organizations		ig organiz	ation.			
,		vide the following information		d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document?	support (see ir	structions)	support (see instructions)
				above (see instructions)		-110			
_					<u> </u>	<u> </u>			
Tot	al								

332021 12-21-23

41-1000424 Page 2

# (Form 990) 2023 Arts Midwest, Incorporated 41-1000 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9937771.	14712444.	7209276.	8862333.	6562333.	47284157.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9937771.	14712444.	7209276.	8862333.	6562333.	47284157.
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)						3871756.
6	Public support. Subtract line 5 from line 4.						43412401.
	ction B. Total Support	Г			Γ		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	9937771.	14712444.	7209276.	8862333.	6562333.	47284157.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						l
	and income from similar sources	79,056.	40,125.	89,468.	192,879.	354,226.	755,754.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	364.	275.				639.
	<b>Total support.</b> Add lines 7 through 10						48040550.
	Gross receipts from related activities,	•	,			<u> </u>	,226,581.
13	First 5 years. If the Form 990 is for the	-					
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi			. (6)			00 27 ~
	Public support percentage for 2023 (I					14	$\frac{90.37}{91.51}$ %
	Public support percentage from 2022					15	, -
юа	33 1/3% support test - 2023. If the content have The expenientian qualifies						
<b>h</b>	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2022.</b> If the o						
D							
170	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances test and if the organization meets the fact	-					
	meets the facts-and-circumstances te		*	•		· ·	
<b>L</b>	10% -facts-and-circumstances test	· ·	•			7a and line 15 is	
b	more, and if the organization meets the	-					10/0 UI
	organization meets the facts-and-circu						
12	<b>Private foundation.</b> If the organization						
	Tirate roundation. If the organization	and HOL GHECK A		4, 100, 11a, 01 17D	, or look tries box at	ia see iristi üetieli	·

(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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  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 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
За		
3b		
SD		
-		
3с		
4a		
4b		
4c		
5a		
- Ou		
Eh		
5b		
5c		
6		
7		
•		
C		
8		
9a		
9b		
9с		
10a		
iva		
46.		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		<b>V</b>	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	<b>2</b> b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 Arts Midwest, Incorporate	ed		41-1000424 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3 4

5

6

Schedule A (Form 990) 2023

**2** Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

3 Minimum asset amount for prior year (from Section B, line 8, column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

Par	t v   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•	·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>)</b>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
<u>b</u>	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>       b    </u>	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
8	and 4c.				
	Breakdown of line 7:				
	Excess from 2019 Excess from 2020				
	Excess from 2020 Excess from 2021				
	Excess from 2021 Excess from 2022				
	Excess from 2022 Excess from 2023				
E	LAGESS HOTH ZUZU				

Schedule A (Form 990) 2023

(Form 990) 2023	Arts Midwes	st, Incorporated	41-1000424	Page 8		
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, ine 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.)						
le A, Part II,	, Line 10, E	xplanation for O	ther Income:			
laneous Income	e					

Sche	dule	Α,	Part	ΙΙ,	Line	10,	Explanation	for	Other	<pre>Income:</pre>
			s Ind				<del>-</del>			
2019	Amoı	unt:	\$	364	•					
2020	Amoı	unt:	\$	275						
					<u> </u>				<del>_</del>	

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

Arts Midwest, Incorporated 41-1000424 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## Arts Midwest, Incorporated

41-1000424

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$ 4,833,235.	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		\$320,991.	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
3		\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 308,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## Arts Midwest, Incorporated

41-1000424

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Name of organization **Employer identification number** Arts Midwest, Incorporated 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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. 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Arts Midwest, Incorporated

**Employer identification number** 41-1000424

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	'	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
I al	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.
			and belones absolution
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items.		¢.
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A		ıı gairi, provide
_	the following amounts required to be reported under FASB A	3	¢.
a	Revenue included on Form 990, Part VIII, line 1		\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		24,010.	7,554.	16,456.
<b>d</b> Equipment		70,050.	21,015.	49,035.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	65,491.			

Schedule D (Form 990) 2023

Part VII	Investments	- Other	Securities

(a) D		1	11b. See Form 990, Part X, line 12.	d of your montret relief
	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
•	ancial derivatives			
	osely held equity interests			
3) Ot	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	0-1 (b)			
Dart	Col. (b) must equal Form 990, Part X, line 12, col. (B))  VIII Investments - Program Related.			
Fait	Complete if the organization answered "Yes"	on Form 000 Bort IV line	11a Saa Farm 000 Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(a) Description of investment	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	0.1.(1)			
Part	Col. (b) must equal Form 990, Part X, line 13, col. (B))  IX Other Assets			
ı art	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part V line 15	
		Description	Tra. Gee Form 550, Fare X, line 15.	(b) Book value
(4)	Refundable Subgrant Advan	<u> </u>		(b) Dook value
(1) (2)	Refulldable Subgraff Advail			885 600
	Security Deposits			13,438
(3)				13,438
(3)	Security Deposits			13,438
(3) (4) (5)	Security Deposits			13,438
(3) (4) (5) (6)	Security Deposits			13,438
(3) (4) (5) (6) (7)	Security Deposits			13,438
(3) (4) (5) (6) (7) (8)	Security Deposits			13,438
(3) (4) (5) (6) (7) (8) (9)	Security Deposits Operating Lease			13,438
(3) (4) (5) (6) (7) (8) (9)	Security Deposits Operating Lease  (Column (b) must equal Form 990, Part X, line 15, co			13,438
(3) (4) (5) (6) (7) (8) (9)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total.	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities  Complete if the organization answered "Yes"	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Fotal. Part	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities  Complete if the organization answered "Yes"	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part  (1) (2)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Fotal. Part	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Fotal. Part 1. (1) (2) (3) (4)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Fotal. Part  1. (1) (2) (3) (4) (5)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2) (3) (4) (5) (6)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2) (3) (4) (5) (6) (7)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	ıl. (B))		13,438 772,040
(3) (4) (5) (6) (7) (8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Operating Lease  (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (d) must equal Form 990, Part X, line 15, column (d)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

Sche	dule D (Form 990) 2023 Arts Midwest, Incorporated	l		41-:	1000424 <sub>Page</sub> 4
	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re		. age
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements			1	7,705,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		286,572.		
b	Donated services and use of facilities	2b	149,261.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	435,833.
3	Subtract line 2e from line 1			3	7,269,312.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,397.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	69,397.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·· <del>··</del> ········	5	7,338,709.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Returi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total expenses and losses per audited financial statements			1	6,553,482.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	149,261.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	149,261.
3	Subtract line 2e from line 1			3	6,404,221.
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	69,397.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	69,397.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	6,473,618.
Pai	t XIII Supplemental Information				
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			1; Part )	Κ, line 2; Part XI,
Par	t V, line 4:				
The	e endowment funds will be solely to provid	e initi	ial, cataly	tic	
inv	restment for the exploration of new and pr	omising	g programma	tic	ideas
<u>w</u> hi	ch address critical needs or opportunitie	s suppo	orting the	mis	sion of
	s Midwest.				

#### Part X, Line 2:

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	me of the organization Arts Midwest, Incorporated							
Part I General Information on Grants ar		iporacea					41-1000424	
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro	tance?				•	•	on X Yes No	
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
A Noise Within 3352 E Foothill Blvd Pasadena, CA 91107-3111	95-4443878	501(c)(3)	25,000.	0.			Shakespeare Schools 2023-2024	
Actors' Shakespeare Project, Inc. 442 Bunker Hill St Charlestown, MA 02129-1718	20-0815685	501(c)(3)	70,000.	0.			Shakespeare in American Communities: Juvenile Justice	
African-American Shakespeare Company - 762 Fulton St - San Francisco, CA 94102-4119	94-3192980	501(c)(3)	25,000.	0.			Shakespeare in American Communities: Schools	
Alabama Shakespeare Festival Inc 1 Festival Dr Montgomery, AL 36117-4605	63-0652734	501(c)(3)	25,000.	0.			Shakespeare Schools 2023-2024	
American Composers Forum 522 Landmark Center 75 West 5th Str St. Paul, MN 55102-1439	23-7452688	501(c)(3)	20,000.	0.			Big Read	
American Conservatory Theater (A.C.T.) - 415 Geary Street - San Francisco, CA 94102	94-6135772		25,000.	0.			Shakespeare Schools 2023-2024	
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	-						100.	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Players Theatre Of							
Wisconsin Inc - 5950 Golf Course							Shakespeare Schools
Rd - Spring Green, WI 53588-0819	39-1583361	501(c)(3)	25,000.	0.			2023-2024
•			,				
Barn Raising Media							
550 W Briar Pl 3A							Creative Midwest Media
Chicago, IL 60657	88-2659178	501(c)(3)	15,000.	0.			Cohort
Barter Foundation Incorporated							
State Theatre Of Virginia - PO Box							Shakespeare Schools
867 - Abingdon, VA 24212-0867	54-6000120	501(c)(3)	50,000.	0.			2023-2024
,			,				
Big Lou Holdings LLC							
PO Box 20734							Creative Midwest Media
Ferndale, MI 48220	93-1956940		15,000.	0.			Cohort
Bloomsburg Theatre Ensemble							
226 Center St							Shakespeare Schools
Bloomsburg, PA 17815-1752	23-2066731	501(c)(3)	25,000.	0.			2023-2024
BIOOMSDATY, IA 17013 1732	23 2000731	301(0)(3)	23,000.	<u> </u>			2023 2024
Chicago Shakespeare Theater							
800 E Grand Ave							Shakespeare Schools
Chicago, IL 60611-5436	36-3467607	501(c)(3)	25,000.	0.			2023-2024
Cincinnati Shakespeare Company							
217 W 12th St		504 ( ) (0)		•			Shakespeare Schools
Cincinnati, OH 45202-7532	31-1413229	DU1(C)(3)	25,000.	0.			2023-2024
City of Las Vegas Office of							
Cultural Affairs - 800 Brush							
Street - Las Vegas, NV 89107-4005	88-6000199	City of Las Vega	20,000.	0.			Big Read
2 ,							-
City of Los Angeles							
201 North Figueroa Street							
Los Angeles, CA 90012-2623	95-6000735	City of Los Ange	20,000.	0.			Big Read

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Classical Theatre of Harlem							
1850 Amsterdam Avenue							   Shakespeare Schools
New York, NY 10031	13-4046782	501(c)(3)	25,000.	0.			2023-2024
Delaware Shakespeare Festival,							Shakespeare in American
Inc 4 S Poplar St - Wilmington,							Communities: Juvenile
DE 19801-5009	36-4535637	501(c)(3)	15,000.	0.			Justice
Eastern Connecticut State							
University - 83 Windham Street -							
Willimantic, CT 06226-2211	06-1277820	State of Connect	19,000.	0.			Big Read
			-				
Ensemble Theatre of Cincinnati							
1127 Vine St							
Cincinnati, OH 45202-7226	31-1220252	501(c)(3)	14,250.	0.			Big Read
Fishtrap Inc							
PO Box 38							
Enterprise, OR 97828-0038	93-1075971	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Fox Cities Book Festival Inc							
801 W College Ave	20 1626006	F01/->/2>	20.000	0			NTT Di - D 1 0002 0004
Appleton, WI 54914-5264	39-1636096	DU1(C)(3)	20,000.	0.			NEA Big Read 2023-2024
Friends of South Dakota Public							
Broadcasting - 601 N. Phillips Ave							Creative Midwest Media
Suite 100 - Sioux Falls, SD 57104	23-7310698	501(c)(3)	15,000.	0.			Cohort
Friends Of The Homer Public							
Library - 500 Hazel Ave - Homer,				_			
AK 99603-7849	92-0092030	501(c)(3)	11,450.	0.			NEA Big Read 2023-2024
Great Lakes Theater Festival, Inc.							
1501 Euclid Ave							Shakespeare in American
Cleveland, OH 44115-2113	34-0901212	501(c)(3)	25,000.	0.			Communities: Schools

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Group I Acting Company Inc							
PO Box 898							Shakespeare Schools
New York, NY 10108-0898	13-2759292	501(c)(3)	25,000.	0.			2023-2024
			22,555				
Hartford Public Library							
500 Main Street							
Hartford, CT 06103	06-6026029	City of Hartford	18,750.	0.			NEA Big Read 2023-2024
HolaIowa.com							
P.O. Box 8188							Creative Midwest Media
Des Moines, IA 50301	82-4062708		15,000.	0.			Cohort
Hope College							
PO Box 9000				_			
Holland, MI 49422-9000	38-1381271	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Hudson Valley Shakespeare							
Festival, Inc 143 Main St -							Shakespeare in American
Garrison, NY 10516-2813	13-3499385	501/a)/3)	25,000.	0.			Communities: Schools
Gallison, NI 10310-2013	13-3499303	501(0)(3)	23,000.	0.			Communities: Schools
Illinois Arts Alliance							
FBRK Impact House 200 W Madison St.							
Chicago, IL 60606	36-3177592	501(c)(3)	17,500.	0.			MacKenzie Scott
			,				
Illinois Humanities Council, Inc.							
125 S. Clark St, Suite 650							
Chicago, IL 60603-4048	37-0971586	501(c)(3)	18,900.	0.			Big Read
Indianapolis Shakespeare Company							
Inc - PO Box 55396 - Indianapolis,							Shakespeare Schools
IN 46205-0396	56-2609331	501(c)(3)	25,000.	0.			2023-2024
Indigenous Media Freedom Alliance							
Buffalo's Fire 835 BIA Route 20							Creative Midwest Media
Halliday, ND 58636	81-2100844		15,000.	0.			Cohort

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Issue Media Group							
5090 State Street Suite D-104							Creative Midwest Media
Sagnaw, MI 48603	20-8773719		15,000.	0.			Cohort
Sagnaw, MI 40005	20 0773713		13,000.	· ·			CONOIC
Jackson-Madison County Library							
433 East Lafayette St.							
Jackson, TN 38301	62-6001091	Jackson-Madison	18,400.	0.			NEA Big Read 2023-2024
			,				
Kenosha Public Library							
7979 38th Ave							
Kenosha, WI 53142-2129	39-6091654	City of Kenosha	20,000.	0.			Big Read
Kent State University							
800 East Summit Street							
Kent, OH 44242-0001	31-6402079	State of Ohio	14,100.	0.			NEA Big Read 2023-2024
Kentucky Shakespeare Festival Inc							
616 Myrtle St	61 6026654	501 ( ) (2)	15.000	_			Shakespeare Juvenile
Louisville, KY 40208-2242	61-6036654	501(c)(3)	15,000.	0.			Justice 2023-2024
Lantern Theater Company							
923 Ludlow St							Shakespeare in American
Philadelphia, PA 19107-4236	23-2798692	501(c)(3)	25,000.	0.			Communities: Schools
LeRoy Collins Leon County Public	23 2730032	301(0)(3)	23,000.	· ·			Communicies. Benedis
Library System - 200 West Park							
Avenue - Tallahassee, FL							
32301-7716	59-6000708	Leon County	17,880.	0.			NEA Big Read 2023-2024
32301 7710	33 0000700	Deon county	17,000.	0.			NEA BIG Read 2023 2024
Lewis & Clark Library							
120 South Last Chance Gulch Street							
Helena, MT 59601-4165	81-0398318	City of Helena	20,000.	0.			NEA Big Read 2023-2024
	31 3330310	223, OI HOICHA	20,000.	<u> </u>			DIG ROW 2023 2024
Library Foundation of Cincinnati &							
Hamilton County - 800 Vine Street							
- Cincinnati, OH 45202	30-0234776	501(c)(3)	20,000.	0.			Big Read

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	verninents (OCIN	cadic r (r orrir 550), r a		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marin Shakespeare Company							Shakespeare in American
PO Box 4053							Communities: Juvenile
San Rafael, CA 94913	68-0201240	501(c)(3)	70,000.	0.			Justice
Maryland Public Television			, , , , , , , , ,				
Foundation, Inc 11767 Owings							
Mills Blvd - Owings Mills, MD							
21117-1499	52-1224503	501(c)(3)	20,000.	0.			Big Read
Massillon Museum							
121 Lincoln Way E							
Massillon, OH 44646-6633	34-6001833	501/a)/3)	20,000.	0.			NEA Big Read 2023-2024
Massilion, On 44040-0033	34-0001033	501(0)(3)	20,000.	0.			NEA BIG Read 2023-2024
Matthews Opera House and Arts							
Center - 612 N Main St -							
Spearfish, SD 57783-2445	36-3652212	501(c)(3)	20,000.	0.			Big Read
Mcmahon Auditorium Authority							
PO Box 522							
Lawton, OK 73502-0522	73-6104797	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Mechanics' Institute							
57 Post St, Suite 504							
San Francisco, CA 94104-5020	94-1254644	501(c)(3)	20,000.	0.			Big Read
Mercantile Library Association of							
the City of New York - 15							
Lafayette Ave - Brooklyn, NY							
11217-1415	13-1624084	501(c)(3)	19,000.	0.			Big Read
Miami Dade College							
300 NE 2nd Avenue							
Miami, FL 33132-2204	59-1210485	State of Florida	20,000.	0.			NEA Big Read 2023-2024
Missoula Public Library							
455 East Main Street							
Missoula, MT 59802	81-6001397	City of Missoula	10,000.	0.			NEA Big Read 2023-2024

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa I	π II.) Τ	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Move for America							
1396 Lincoln Ave							
Saint Paul, MN 55105-2214	86-1591260	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Museum of Children's Arts							
1221 Broadway # LL-49							
Oakland, CA 94612-1837	94-3086749	501(c)(3)	19,000.	0.			Big Read
Museum Of Glass							
1801 Dock St							
Tacoma, WA 98402-3217	91-1669422	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Nachaille Ghabanana Bastinal							
Nashville Shakespeare Festival 161 Rains Ave							Shakespeare Schools
Nashville, TN 37203-5330	58-1807951	501(c)(3)	25,000.	0.			2023-2024
Mashville, in 37203 3330	30 100,731	301(0)(0)	23,000.	· .			2023 2021
National Independent Venue							
Foundation - 209 W. 29th Street							
#262 - New York, NY 10001	85-2436574	501(c)(3)	10,000.	0.			MacKenzie Scott
New Castle County Government							
77 Reads Way New Castle, DE 19720	51_6000160	New Castle Count	20,000.	0.			NEA Big Read 2023-2024
New Castle, DE 13720	31 0000100	New Castle Count	20,000.	0.			NEA DIG Read 2023 2024
New Hampshire Humanities Council							
Inc - 117 Pleasant St - Concord,							
NH 03301-3852	02-0317350	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
New Haven International Festival							
of Arts & Ideas - 195 Church St -	06 1444000	E01/-1/21	10 000	•			Dia Daad
New Haven, CT 06510-2009	06-1444222	DUI(C)(3)	19,000.	0.			Big Read
North Dakota Council on the Arts							
105 North 4th Street							
Bismarck, ND 58501	45-0283965	State of North D	20,000.	0.			MacKenzie Scott

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nuestra Palabra Latino Writers							
Having Their Say - 5503 Lawndale							
St - Houston, TX 77023-3818	76-0610566	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Orlando Shakespeare Theater Inc							gh-l g-hl-
812 E Rollins Street	F0 0031600	F01/ \/2\	05.000				Shakespeare Schools
Orlando, FL 32803-1203	59-2931698	201(G)(3)	25,000.	0.			2023-2024
Pennsylvania Shakespeare Festival							
2755 Station Ave							Shakespeare in American
Center Valley, PA 18034-9565	23-2655672	501(c)(3)	25,000.	0.			Communities: Schools
Pennyroyal Arts Council Inc							
PO Box 1038							
Hopkinsville, KY 42241-1038	31-0922296	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Quintessence Theatre Company							
7135 Germantown Ave FLoor 2							Shakespeare Schools
Philadelphia, PA 19119-1842	27-0469276	501(c)(3)	25,000.	0.			2023-2024
	27 0103270		20,000.	-			
Red House Arts Center, Inc.							
400 South Salina Street							Shakespeare in American
Syracuse, NY 13202	22-2366669	501(c)(3)	25,000.	0.			Communities: Schools
Rochester Institute of Technology							
1 Lomb Memorial Dr.	16 0542140	F01/ \/2\					L ,
Rochester, NY 14623	16-0743140	501(c)(3)	20,000.	0.			Big Read
San Antonio Little Theatre Inc							
800 W Ashby Pl							Shakespeare Schools
San Antonio, TX 78212-4663	74-1166905	501(c)(3)	25,000.	0.			2023-2024
	1 = 1 = 1 = 1 = 1		25,550.	· ·			
Santa Fe Public Library							
145 Washington Avenue							
Santa Fe, NM 87501-2016	06-9420818	City of Santa Fe	20,000.	0.			NEA Big Read 2023-2024

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Shakespeare Festival							
305 Harrison St							Shakespeare in American
Seattle, WA 98109-4623	91-1512717	501(c)(3)	25,000.	0.			Communities: Schools
See Stories							Shakespeare in American
2129 Casey Cusack Loop							Communities: Juvenile
Anchorage, AK 99515-2810	82-5084384	501(c)(3)	20,000.	0.			Justice
Shakespeare Behind Bars Inc							
PO Box 83							   Shakespeare Juvenile
Macatawa, MI 49434-0083	27-3400469	501(c)(3)	25,000.	0.			Justice 2023-2024
			,				
Shakespeare-San Francisco							
1560 Davidson Ave							Shakespeare in American
San Francisco, CA 94124-1418	94-2867269	501(c)(3)	25,000.	0.			Communities: Schools
Shelton-Mcmurphey-Johnson							
Associates - 303 Willamette St -							
Eugene, OR 97401-2600	93-1106826	501(c)(3)	19,100.	0.			NEA Big Read 2023-2024
Ginalain Issaia Banadahian							
Sinclair Lewis Foundation							
39336 Wild Rose Court	41-6040034	E01/~\/3\	15 000	_			ADD Minnests
Sauk Centre, MN 56378	41-6040034	501(C)(3)	15,000.	0.			ARP - Minnesota
Sixty Inches From Center							
436 East 47th Street 308							Creative Midwest Media
Chicago, IL 60653-4106	27-4027320		15,000.	0.			Cohort
·			,				
Spirit Room							
111 Broadway N							
Fargo, ND 58102-4925	03-0522500	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Chang Laft Planers Tra-							
Stage Left Players, Inc.							
234 E Lincoln Way	24 1726005	F01/-\/3\	0 375	_			Dim Dand
Kensington, OH 44432-1408	34-1726995	DOT(C)(2)	8,375.	0.			Big Read

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tennessee Shakespeare Company							
7950 Trinity Rd							Shakespeare Juvenile
Cordova, TN 38018-6297	26-2113887	501(c)(3)	50,000.	0.			Justice 2023-2024
The Buckeye Flame							
6110 Fir Avenue							Creative Midwest Media
Cleveland, OH 44102	85-0805098	501(c)(3)	15,000.	0.			Cohort
The Great Northern Winter Festival							
1011 S Washington Ave							
Minneapolis, MN 55415	81-5138735	501(c)(3)	25,000.	0.			MacKenzie Scott
The Neo Political Cowgirls Inc							
236 Old Stone Hwy	02 1001022	F01 ( ) (2)					Shakespeare Schools
East Hampton, NY 11937-1621	83-1091833	501(c)(3)	20,000.	0.			2023-2024
The Word A Storytelling Sanctuary							
Inc - 757 E 20TH Ave Ste 370 # 335							
- Denver, CO 80205-3295	83-1668794	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Denver, ee conce suss	03 1000/31	301(0)(3)	20,000.	•			NEW BIG ROLL 2023 2021
Theatre for a New Audience							
262 Ashland Pl							Shakespeare in American
New York, NY 11217-1110	13-3059081	501(c)(3)	25,000.	0.			Communities: Schools
Tiny News Collective							
1500 Chestnut Street 2113							Creative Midwest Media
Philadelphia, PA 19102	85-3963369	501(c)(3)	15,000.	0.			Cohort
Trustees Of The Free Public							
Library Of The Borough Of							
Pennington - 30 N Main St -							
Pennington, NJ 08534-2218	22-3106791	501(c)(3)	10,000.	0.			NEA Big Read 2023-2024
m. 1. a. 1.							
Twin Cities Carifest							
100 S 1st St	14 1060020	F01/a\/2\	15 000	0.			ADD Minnogata
Minneapolis, MN 55458	14-1960838	DOT(C)(2)	15,000.	U.			ARP - Minnesota

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way Of Hall County Inc							
PO Box 2656							
Gainesville, GA 30503-2656	58-6011393	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
University of Arizona							
888 N Euclid Ave, Room 510							
Tucson, AZ 85719-4824	74-2652689	State of Arizona	19,900.	0.			Big Read
University of Central Florida							
Board of Trustees - PO Box 160118							
- Orlando, FL 32816-0118	59-2924021	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
,			,	-			
University of Notre Dame							Shakespeare in American
230 Performing Arts Center							Communities: Juvenile
Notre Dame, IN 46556	35-0868188	501(c)(3)	20,000.	0.			Justice
Washington University in St. Louis							
1 Brookings Drive St. Louis, MO 63130-4862	43-0653611	501(a)(3)	12,700.	0.			Big Read
5c. hours, Mo 03130 4002	43 0033011	501(0)(5)	12,700.	<u> </u>			big kead
Western Arts Alliance							
715 SW Morrison Suite 600							
Portland, OR 97205	95-3497056	501(c)(3)	17,500.	0.			MacKenzie Scott
White Bear Center For The Arts							
4971 Long Ave							
White Bear Lk, MN 55110-2629	41-1290707	501(c)(3)	23,980.	0.			NEA Big Read 2023-2024
			·				
Wichita Public Library Foundation							
Inc - 711 W 2ND ST N - Wichita, KS							
67203-6004	48-1042418	501(c)(3)	20,000.	0.			NEA Big Read 2023-2024
Will Geer Theatricum Botanicum							
1419 N Topanga Canyon Blvd							Shakespeare in American
Topanga, CA 90290-4275	23-7369475	501(c)(3)	25,000.	0.			Communities: Schools

Part II Continuation of Grants and Other	•		and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	J
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Arts Unlocked							Shakespeare in American
8048 Miller Road							Communities: Juvenile
Swartz Creek, MI 48473	83-0933133	501(c)(3)	20,000.	0.			Justice
Arkansas Craft School							
101 N Peabody Ave							
Mountain View, AR 72560	20-8063604	501(c)(3)	18,000.	0.			Big Read
Central Washington University							
400 E University Way							
Ellensburg, WA 98926	23-7017467	501(c)(3)	16,400.	0.			Big Read
Denver Center for the Performing Arts - 1101 13th St - Denver, CO							
80204	84-0407760	501(c)(3)	25,000.	0.			Shakespeare
Flint River Regional Library 800 Memorial Drive							
Griffin, GA 30223	58-6001272	501(c)(3)	10,600.	0.			Big Read
Ohio Arts Professionals Network PO Box 10606							
Columbus, OH 43201-3232	31-0988109	501(c)(3)	50,000.	0.			Conference
South Dakota Historical Society Foundation - 900 Governors Drive -							
Pierre, SD 57501	46-0370475	501(c)(3)	6,000.	0.			GIG Fund
University of North Carolina at Chapel Hill - 104 Airport Drive							
Suite 2200 - Chaple Hill, NC 27599	56-6001393	501(c)(3)	25,000.	0.			Shakespeare
Board of Trustees of the							
University of Illinois - 1901							
South 1st Street Suite A -							
Champaign, IL 61820	37-6000511	501(c)(3)	8,000.	0.			GIG Fund

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
47-2291914		15,000.	0.			Creative Midwest Media Cohort	
	<b>(b)</b> EIN	(b) EIN (c) IRC section if applicable	(b) EIN (c) IRC section if applicable (d) Amount of cash grant	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance	(b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of noncash assistance  (b) EIN  (f) Method of valuation (book, FMV, appraisal, other)	(b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of noncash assistance  (f) Method of valuation (book, FMV, appraisal, other)  (g) Description of non-cash assistance	

**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 noncash assistance
idwest Award for Artists with Disabilities	9	27,000.	0.		
eter Capell Award	1	2,500.	0.		

Part IV 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,

## **SCHEDULE J** (Form 990)

**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

Department of the Treasury Internal Revenue Service Name of the organization

Arts Midwest, Incorporated

Employer identification number 41 - 1000424

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	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:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		Х	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Δ.	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2023

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 of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Torrie Allen	(i)	213,811.	11,630.	0.	14,563.	31,271.	271,275.	0.	
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Anne Romens	(i)	122,930.	500.	0.	8,385.	29,435.	161,250.	0.	
Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 7:
The President & CEO's bonus is based on the discretion of the Executive
Committee. Bonuses for others are based on the discretion of the management
team.

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Arts Midwest, Incorporated

Employer identification number 41-1000424

Form 990, Part III, Line 1, Description of Organization Mission:

(Continuation from part III) . It supports, informs, and celebrates

arts organizations and creative communities across the Midwest. Its

mission is to build unprecedented opportunity across the Midwest by

advancing creativity. Its vision is that Midwestern creativity powers

thriving, entrepreneurial, and welcoming communities.

Form 990, Part III, Line 4b, Program Service Accomplishments: collective to support our shared leadership model.

Form 990, Part VI, Section A, line 1a:

The Executive Committee of the Board of Directors shall consist of the four principal officers of the Corporation and the Executive Director of Arts

Midwest (non-voting, ex-officio). In addition, the Immediate Past Chair of the Board of Directors shall remain on the Executive Committee for a period of one (1) year following the appointment of a new Chair. After the period of one year, the Immediate Past Chair shall rotate off the Executive

Committee and his or her seat may be filled by an additional Board member, appointed by the Chair, who shall serve in an at-large capacity. The

Executive Committee shall have the authority delegated by the Board of

Directors to act on behalf of the Board or implement directives of the

Board. The Executive Committee shall keep regular minutes and e-mail copies thereof promptly after each meeting to all members of the Board. The

Executive Committee shall report its actions and proceedings to the Board at each meeting thereof.

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Name of the organization

Arts Midwest, Incorporated

Employer identification number 41-1000424

Form 990, 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.

Form 990, Part VI, Section B, line 11b:

The Finance Committee and management team conducted a detailed review of the Form 990 and supplemental schedules. Following this review, the draft was distributed to the full Board. Filing of this return was approved by the Board during its fall meeting.

Form 990, 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, the interested person shall leave the meeting during the discussion of, and the vote on, the proposed transaction or arrangement that results in the conflict of interest.

Additionally, 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. 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

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conflict of interest. If a more advantageous transaction or arrangement is not reasonably attainable under the circumstances that would not give rise to a conflict of interest, the Board (or committee) shall determine by a majority vote of the disinterested directors (or committee members), whether the transaction or arrangement is in the organization's best interest and for its own benefit and whether the transaction is fair and reasonable to the organization and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination. Detailed minutes of Board or committee meetings are maintained to document all such situations.

Form 990, Part VI, Section B, Line 15a:

The Executive Committee sets compensation for the President & CEO. 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. 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 2023. The Executive Committee delegates to the President & CEO the authority to set compensation for other executives.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  Arts Midwest, Incorporated	Employer identification number 41-1000424
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,N	V,NH,NJ,NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
Form 990, 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 Mi	nnesota Attorney
General's office.	