Dolinka, Van Noord & Company P.L.L.P. 360 East Beltline NE Suite 200 Grand Rapids, MI 49506-1208

September 9, 2022

Artists Creating Together 1140 Monroe Ave NW 4101 Grand Rapids, MI 49503

Artists Creating Together:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Yours very truly,

Dolinka, Van Noord & Company P.L.L.P.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	${ t JUL}$	1	, 2021, and ending	JUN	30	, 20 2

2

2021

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

ARTISTS CREATING TOGETHER 84-1698531 ANGELA STEELE Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ > X 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a 7a Form 4720 check here _____ 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic

: check one box o	nly		
I authorize		to enter my PIN	
	ERO firm name		Enter five numbers, b do not enter all zeros

payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

38585550140 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DOLINKA, VANNOORD & COMPANY, PLLP Date \triangleright 09/09/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

PIN

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

and ending JUN 30, 2022

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

Open to Public Inspection

B C	heck if	C Name of organization	D Employer identifi	cation number
	Addres	ARTISTS CREATING TOGETHER		
\vdash	Jchang∈ ⊺Name		84-16985	21
\vdash	Jchang∈ ⊺Initial	, , , , , , , , , , , , , , , , , , ,		
\vdash	Jreturn]Final	Number and street (or P.0. box if mail is not delivered to street address) 1140 MONROE AVE NW Room/s 4101		
	/return -termin			407,756.
	ated]Amenc	City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49503	G Gross receipts \$	
	Jreturn ∏Applica	•	H(a) Is this a group re	
	Jtion pendin	SAME AS C ABOVE	for subordinates H(b) Are all subordinates i	—
		mpt status:		
		e: NWW.ARTISTSCREATINGTOGETHER.ORG		list. See instructions
		•	H(c) Group exemption Year of formation: 2006	
	_	Summary	real of formation. 2000 p	VI State of legal doffliche, 111
		Briefly describe the organization's mission or most significant activities: ACT EMPC	WERS INDIVIDU	ALS WITH
Governance	•	DISABILITIES TO LEARN, GROW, AND CELEBRATE T	HROUGH THE AR	TS.
ığ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net a	
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
ه ت	4	Number of independent voting members of the governing body (Part VI, line 1b)		17
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	6
ĬĘ.	6	Total number of volunteers (estimate if necessary)	6	192
Activities		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
e l	8	Contributions and grants (Part VIII, line 1h)	333,514.	291,672.
eu l	9	Program service revenue (Part VIII, line 2g)	76,358.	87,982.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	55,796.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,117.	7,518.
\perp		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	495,785.	355,812.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	
Se l		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	222,205.	307,433.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
꼾		Total fundraising expenses (Part IX, column (D), line 25) 85,101.	206 420	240 406
۳ ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	206,428.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	428,633.	556,839.
_ v	19	Revenue less expenses. Subtract line 18 from line 12	67,152.	-201,027.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
SSe Bala		Total assets (Part X, line 16)	1,453,907.	1,207,164.
let A		Total liabilities (Part X, line 26)	70,580.	24,864. 1,182,300.
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20	1,303,327.	1,102,300.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	•	y knowledge and belief, it is
,	001100	A substitution of property (early than emost) to become an information of minor pro	l l l l l l l l l l l l l l l l l l l	
Sign	,	Signature of officer	Date	
Here		ANGELA STEELE, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		CRAIG LAWTON CRAIG LAWTON	09/09/22 if self-employ	P01242489
Prep		Firm's name DOLINKA, VANNOORD & COMPANY, PLLP	Firm's EIN	38-2426290
Use		Firm's address 360 EAST BELTLINE NE STE 200		
		GRAND RAPIDS, MI 49506-1208	Phone no. (6	16)459-2233
Мау	the IF	S discuss this return with the preparer shown above? See instructions	·····	X Yes No

Pa	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: ARTISTS CREATING TOGETHER EMPOWERS PEOPLE WITH DISABILITIES	БР∪М МЕСФ
	MICHIGAN THROUGH INTERACTIVE EXPERIENCES, BOTH ARTISTIC AND	
	WHILE PROVIDING OPPORTUNITIES FOR PERSONAL GROWTH AND LEARNING	NG •
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes 🕰 No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ai expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 432,474 • including grants of \$) (Revenue \$	87,982.)
4a	(Code:) (Expenses \$ 432,474 · including grants of \$) (Revenue \$ ARTISTS CREATING TOGETHER PROGRAMS BRING ART TO THE LIVES OF	
	WITH DISABILITIES THROUGH ART CLASSES, THE FESTIVAL AND EXHI	
	THE ORGANIZATION BRINGS ARTISTS, ART PROJECTS, TEACHERS AND	
	WITH DISABILITIES TOGETHER.	<u>STODERID</u>
	WITH DIGNOTHING TOCHTHEK:	
4b	(Code:) (Expenses \$	
	/ (Expenses 4	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{(Revenue \$})
<u>4e</u>	Total program service expenses ► 432,474.	
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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			3,7
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		144		
b	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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٦,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
06	Schedule L, Part I	25b		<u> </u>
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			3,7
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	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		Х
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	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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	30		
31	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?	<u> </u>		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	L

132004 12-09-21

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	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d	7c		21
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	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 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			

5

Form **990** (2021) **50140**___1

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.

	Creck if Schedule O contains a response or note to any line in this Part VI			
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			
	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 lb 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 direct 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		0.0	Х	
	The governing body?	8a 8b	X	
	Each committee with authority to act on behalf of the governing body?	OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI -
40-	Did the comprised by the level should be been by a still stage.	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		-25
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	<u> </u>	
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANGELA STEELE - (616)885-5866			
	1140 MONROE AVE NW, 4101, GRAND RAPIDS, MI 49503			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per		not c		ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer p p		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANGELA STEELE	40.00	1						E0 0E1	_	
EXECUTIVE DIRECTOR	1 00			Х				79,971.	0.	0.
(2) CASEY AUBIL	1.00	ļ ,,		,,					0	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) TOM CRIMP	1.00	Į.,		7.7					0	0
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(4) MOLLY GARY	1.00	x						0.	0.	0.
DIRECTOR (5) TY COOK	1.00	^						0.	0.	0.
FINANCE CHAIR	1.00	X		х				0.	0.	0.
(6) MICHAEL AZZI	1.00	^		^				0.	0.	<u></u>
SECRETARY	1.00	X		х				0.	0.	0.
(7) SPENCER OLSON	1.00	122						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(8) TAMMY KARAS	1.00								•	
DIRECTOR		X						0.	0.	0.
(9) MARY DIXON	1.00	<u> </u>							<u> </u>	
DIRECTOR		X						0.	0.	0.
(10) RACHEL HYDE	1.00									
DIRECTOR		X						0.	0.	0.
(11) PAM HAFFENDEN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) WINSOME KIRTON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) RHONDA LUBBERTS	1.00									
DIRECTOR		X						0.	0.	0.
(14) CASEY JONES	1.00									_
DIRECTOR		Х						0.	0.	0.
(15) STEVE JANDERNOA	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ANNE REDFORD	1.00]								_
DIRECTOR		Х						0.	0.	0.
(17) CARISSA BEADLING	1.00	l							_	_
DIRECTOR		Х						0.	0.	0. Form 990 (2021)

Part VII Section A. Officers, Directors, T (A)	(B)	. 		, and		9.10	<u> </u>	(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fe	וי) timate	·d
Name and the	hours per			heck i ss pei				· ·	compensation	n		ount o	
	week			nd a di				from	from related			other	
	(list any	director						the	organizations	3	com	pensa	tion
	hours for	or dire	a)			ated		organization	(W-2/1099-MIS	C/		om the	
	related organizations	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)		·	anizati	
	below	ual tru	ional		ploye	t com		1099-NEC)				l relate nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızatı	JI 15
(18) EMILY SHATTO EVANS	1.00	트	드	Ó	₹.	Ξē	Œ			-			
PAST BOARD CHAIR		\mathbf{x}		x				0.		0.			0.
								_					
		-											
				Н									
		1											
		-				-							
1b Subtotal							<u> </u>	79,971.		0.			0.
c Total from continuation sheets to Par							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	79,971.		0.			0.
2 Total number of individuals (including bu	ut not limited to th	nose	liste	ed at	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			,
compensation from the organization	<u> </u>											V	<u> </u>
2 Did the averagination list and former office							-: -ا -		James an	I		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fe			•		•	•	•		•				Х
4 For any individual listed on line 1a, is the								har companation from			3		
and related organizations greater than \$	•							•	•		4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," or	•				•						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest										pens	ation f	rom	
the organization. Report compensation	for the calendar y	/ear	endi	ng w	vith	or w	ithir		/ear.				
(A) Name and busine	ess address	NI	ONE	7				(B) Description of s	ervices	C	(C omper		n
Traine and Saeins	300 aaa, 300	14/) I V I				\dashv	Bosomption of a	51 11000		Т	1041101	<u> </u>
							\dashv						
2 Total number of independent contractor		not li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the org	anization >				(0						200	
											Form 9	44N (?	11000

132008 12-09-21

Form 990 (2021) ARTISTS
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		·	, j	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S		Endouded committee					
lit ar		a Federated campaigns 1a					
흥절		Membership dues 1b	00 000				
A,ts		Fundraising events 1c	83,079.				
ig i	c	d Related organizations 1d					
in's	e	Government grants (contributions)	91,462.				
is	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	L17,131.				
<u> </u>		Noncash contributions included in lines 1a-1f	28,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	· •	291,672.			
			Business Code				
	0.4	MOTITUE DECORANG	711130	44,495.			44,495.
je	2 a	A DITT III. DD O OD AMO	711130	19,677.			19,677.
ue n	-		711130	15,077.			16 505
n S	C	ALL OTHER PROGRAMS		16,505.			16,505.
₹e	C	HEALTH HEALING PROGRAM	711130	7,305.			7,305.
Program Service Revenue	e	·					
ه ا	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	>	87,982.			
	3	Investment income (including dividends, interes					
		other similar amounts)		-31,360.			-31,360.
	4	Income from investment of tax-exempt bond pro					-
	5	Royalties	t				
	3	(i) Real	(ii) Personal				
	•		(ii) i ciocilai				
		Gross rents					
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	C	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e		and sales expenses 7b					
le l		Gain or (loss) 7c					
Be		d Net gain or (loss)					
ther Revenue		a Gross income from fundraising events (not					
됩	0.0	including \$ 83,079 • of					
		contributions reported on line 1c). See	59,462.				
			51,944.				
		Less: direct expenses 8b	. 1	7 510			7 510
		` '		7,518.			7,518.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	D Less: direct expenses					
	c	Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\overline{}$			Business Code				
sn(44 -	-	Dusiness Code				
ed ue	11 a						
llar /en	k	·					
Miscellaneous Revenue	•						
ĭŸ_		d All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		355,812.	0.	0.	64,140.

132009 12-09-21

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising			
	8b, 9b, and 10b of Part VIII.	9b, and 10b of Part VIII. Total expenses Program service expenses Management and general expenses						
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	89,593.	76,154.	4,480.	8,959			
_	trustees, and key employees	09,393.	70,134.	4,400.	0,939			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	165,504.	122,921.	-	42,583			
7	Other salaries and wages	100,004.	144,341.		44,303			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	32,192.	25,068.	570.	6,554			
9	Other employee benefits	20,144.	15,687.	356.	4,101			
10	Payroll taxes	20,144.	13,007.	330.	4,101			
11	Fees for services (nonemployees):							
a		+						
b	5F	18,313.		18,313.				
C		10,313.		10,313.				
	Lobbying							
e	Professional fundraising services. See Part IV, line 17 Investment management fees							
f	///							
g	column (A), amount, list line 11g expenses on Sch 0.)	55,172.	55,172.					
10		10,692.	33,172.		10,692			
12 13	Advertising and promotion	58,697.	51,883.	6,106.	708			
	Office expenses	6,196.	5,576.	62.	558			
14 15	Information technology	0,1300	3,370.	V2.	330			
15 16	Royalties	43,080.	36,122.	401.	6,557			
	Occupancy	43,000.	30,122.	101.	0,331			
17 18	Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials							
10	Conferences, conventions, and meetings	1,911.		1,911.				
19 20		-,,,		-,,,				
20 21	Interest Payments to affiliates	+						
21 22	Depreciation, depletion, and amortization	41,811.	37,630.	418.	3,763			
23		6,957.	6,261.	70.	626			
23 24	Other expenses. Itemize expenses not covered	3,33,4	3,231.	, , ,	020			
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	MISCELLANEOUS	6,577.		6,577.				
b		0,0110		0,0				
C								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	556,839.	432,474.	39,264.	85,101			
26 26	Joint costs. Complete this line only if the organization	220,000.	, -, -,	35,201	00,101			
_0	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	oddodaonai odinpaigii and idiidiaisiily soliolialioil.							

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			476,632.	1	338,401.
	2	Savings and temporary cash investments	171,511.	2	173,188.		
	3	Pledges and grants receivable, net			145,575.	3	112,530
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,810.	9	5,394
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	510,667.			
	b	Less: accumulated depreciation	10b	132,253.	412,276.	10c	378,414
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11		242,103.	12	199,237
	13	Investments - program-related. See Part IV, li	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	1,453,907.	16	1,207,164		
	17	Accounts payable and accrued expenses	10,707.	17	9,911		
	18	Grants payable				18	44.050
	19	Deferred revenue			7,318.	19	14,953
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un			E2 EEE	23	0
	24	Unsecured notes and loans payable to unrel			52,555.	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
		of Schedule D			70,580.	25	24,864.
	26	Total liabilities. Add lines 17 through 25			70,300.	26	24,004
S		Organizations that follow FASB ASC 958,	check her	e 🕨 🛕			
Š		and complete lines 27, 28, 32, and 33.			928,198.	07	820,478
3ale	27	Net assets without donor restrictions			455,129.	27 28	361,822
둳	28	Net assets with donor restrictions Organizations that do not follow FASB AS			433,123.	28	301,022
Ē		_	C 958, CN	eck nere 🚩 📖			
ō	200	and complete lines 29 through 33.	ada			20	
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o				29 30	
Ass	30					31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,383,327.	32	1,182,300.
Z	32	Total liabilities and not assets /fund balances			1,453,907.	33	1,207,164
	33	Total liabilities and net assets/fund balances			1,400,001.	აა	1,201,104

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1	35 55 -20	5,81 6,83	<u> </u>
, , , , , , , , , , , , , , , , , , , ,	55 -20		L2.
, , , , , , , , , , , , , , , , , , , ,	55 -20		12.
	-20	6,83	
2 Total expenses (must equal Part IX, column (A), line 25)			
3 Revenue less expenses. Subtract line 2 from line 1	1 20		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,38	3,32	<u> 27.</u>
5 Net unrealized gains (losses) on investments			
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))	1,18	2,30)0.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			X
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	D.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audi	dit		
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	000 (

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ARTISTS CREATING TOGETHER 84-1698531 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
	tion B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		, ,			, ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop	here					>
	tion C. Computation of Publi						
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•		•	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test	- 2020. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th		*		•		. —
	organization meets the facts-and-circu			•			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶∟

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-7	(-)	(-/ : :	(-,	(-)	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	270,591.	1,328,362.	232,674.	282,210.	214,561.	2,328,398.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	147,727.	158,593.	168,107.	155,484.	172,611.	802,522.
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	418,318.	1,486,955.	400,781.	437,694.	387,172.	3,130,920.
	Amounts included on lines 1, 2, and					72.2	1 / = 1 1 / 1 = 1 2
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
•	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	147 437	701,732.	57,497.	68,378.	94,615.	1,069,659.
,	amount on line 13 for the year Add lines 7a and 7b	147,437.	701,732.	57,497.	68,378.	94,615.	1,069,659.
	Public support. (Subtract line 7c from line 6.)	227,72071	70277021	37,12371	00,0100	31,0131	2,061,261.
Se	ction B. Total Support						_,===,===•
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	418,318.	1,486,955.	(c) 2019 400, 781.	437,694.	(e) 2021 387,172.	3,130,920.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,562.	3,102.	8,728.	6,604.	6,324.	26,320.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	1,562.	3,102.	8,728.	6,604.	6,324.	26,320.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,302.	3,102.	0,720.	0,004.	0,324.	20,320.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	419,880.	1,490,057.	409,509.	444,298.	393,496.	3,157,240.
	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	65.29 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	64.24 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.83 %
18	Investment income percentage from 2					18	.69 %
	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	X
•	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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
di ila		~ 000	0004

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu	•	, , ,	,
Secti	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		
Secti	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supportina ora	anization (see
	instructions).	, 5	71 11 3-19	·

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	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	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
<u> </u>	Excess from 2021				h - dala A (F 000) 0004	

Schedule A (Form 990) 2021

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

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
MULTIPLE	147,437.	701,732.	57,497.	68,378.	94,615.
Total to Schedule A, Part III, Line 7b	147,437.	701,732.	57,497.	68,378.	94,615.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2021	2021 Excess Payments
MULTIPLE	99,615.	94,615.
Fotal Excess Payments to Schedule A. Part III. Line 7b. column (e)		94,615.

Schedule B

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization Employer identification number

ARTISTS CREATING TOGETHER 84-1698531 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 501(c)(3) exempt private foundation Form 990-PF 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 X 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 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 ______ > \$_

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ARTISTS CREATING TOGETHER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY FREE BED FOUNDATION 235 WEALTHY ST SE SUITE 100 GRAND RAPIDS, MI 49503	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. CHARITABLE GIFT TRUST 8910 PURDUE RD., SUITE 500 INDIANAPOLIS, IN 46268	\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHAEL AND SUE JANDERNOA 171 MONROE NW, SUITE 410 GRAND RAPIDS, MI 49503	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBERT F. BEARD CHARITABLE FOUNDATION P.O. BOX 698 ADA, MI 49301	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STEVENS ADVERTISING 190 MONROE AVE NW STE 200 GRAND RAPIDS, MI 49503	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 MICHIGAN COUNCIL FOR ARTS & CULTURAL AFFAIRS	(c) Total contributions	(d) Type of contribution Person X
	300 N WASHINGTON SQ LANSING, MI 48933	\$ 30,577.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	·	l .	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ARTISTS CREATING TOGETHER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DIXON INTERIOR DESIGN 585 ROUNDTREE DR NE ADA, MI 49301	\$16,900 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JANDERNOA FOUNDATION 171 MONROE NW, SUITE 410 GRAND RAPIDS, MI 49503	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY OF GRAND RAPIDS 300 MONROE AVENUE NW GRAND RAPIDS, MI 49503	\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GRAND RAPIDS COMMUNITY FOUNDAITON 185 OAKES STREET SW GRAND RAPIDS, MI 49503	\$8,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CLIFF WEGNER 6927 SOUTH SCENIC DR NEW ERA, MI 49446	\$6,540.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AMWAY 7575 FULTON STREET ADA, MI 49355	\$5,548.	Person X Payroll

Name of organization

Employer identification number

ARTISTS CREATING TOGETHER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RICK GILLETT 3100 BOYNTON ADA, MI 49301	\$5,000.	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 Occupate 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.)
(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

ARTISTS CREATING TOGETHER

Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 84-1698531 ARTISTS CREATING TOGETHER 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. `fŕom 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 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

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

ARTISTS CREATING TOGETHER

Employer identification number 84-1698531

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	writing that the assets held	d in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	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			
	Preservation of land for public use (for example, recrea	. —		orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	•			2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	erminated by the organ	nization during the tax
	year -			
4	Number of states where property subject to conservation ea		Is an allies of the	
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concernati	
6	Starr and volunteer riours devoted to morntoning, inspecting,	manuffing of violations, and	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enfo	orcina conservation ea	esements during the year
•	\$ \$	alling of violations, and critic	ording conscivation ca	definerits during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr		·	
	organization's accounting for conservation easements.	J		
Par	t III Organizations Maintaining Collections o	f Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. > \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these it	tems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tı	easures, or Ot	her Sim	ilar Asse	ts (conti	nued)	<u></u>
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that mak	e significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further	the organization's e	xempt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or other sim	ilar assets	;			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arrang	jements. Comple	te if the organization	on answered "Yes"	on Form 9	90, Part IV,	line 9, o	r	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	ns or other assets r	ot include	ed	_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c	:			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on F						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance	242,103.	200,877	. 206,183					
b	Contributions					200,000.			
	Net investment earnings, gains, and losses	-32,866.	53,225	4,695		6,183.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	10,000.	12,000	. 10,000					
f	Administrative expenses								
g	End of year balance	199,237.	242,103	. 200,877		206,183.			
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment ▶	<u></u>							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	and administered fo	r the orga	nization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?)			3b		i
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part	X, line 10				
	Description of property	(a) Cost or ot	her (b) Cos	t or other (c)	Accumul	ated	(d) Boo	k valu	е
		basis (investm	ent) basis	(other)	depreciati	on			
1a	Land								
b	Buildings								
	Leasehold improvements			4,379.		840.		1,5	
d	Equipment		19	6,288.	109,	413.	8	6,8	75.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line	10c.)		•	37	8,4	14.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ARTISTS CRE	ATING TOGETHE	R 8	4-1698531 Page 3
Part VII Investments - Other Securities.			ĭ
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) AMERIPRISE FINANCIAL	199,237.	END-OF-YEAR MARKE	T VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	199,237.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<u> </u>	•
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	. ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

X

Schedule D (Form 990) 2021

Par	Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	355,812
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			0.
	Subtract line 2e from line 1		3	355,812
	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		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	355,812
Par	t XII Reconciliation of Expenses per Audited Financial S		nses per Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV,			FF6 020
	Total expenses and losses per audited financial statements		1	556,839
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
	Other (Describe in Part XIII.)			•
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	556,839
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b			0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	556,839
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		Part V, line 4; Part X,	line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
DΔR	T V, LINE 4:			
1 711	TI V, LINE T.			
тнт	S ENDOWMENT FUND WAS ESTABLISHED TO P	PROVIDE FIINDS TO	SUPPORT T	THE
	D ENDOWMENT TOND WAS ESTABLISHED TO I	NOVIDE TONDS TO	DOTTORT 1	
ORG	ANIZATION INDEFINITELY.			
0110				
PAR	T X, LINE 2:			
WIT	H FEW EXCEPTIONS, PERIODS ENDING JUNE	30, 2018 AND T	THEREAFTER	ARE
SUB	JECT TO U.S. INCOME TAX EXAMINATION E	Y TAX AUTHORITI	ES.	

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

ARTISTS	CREATING	TOGETHER				84-1698	531	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this par		ny of the followin	a coti	(ition	Chook all that apply			
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individent compensated at least \$5,000 by the 	or oral agreement wi art VII) or entity in co viduals or entities (fu	e Solicitati f Solicitati g Special the any individual connection with pro-	ion of ion of fundra (includerofessi	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	have custody 1. The c							
			Yes	No				
⁻ otal		•		•				
List all states in which the organization or licensing.					s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			ART AUCTION	LUNCHEON		col. (c))
<u>o</u>			(event type)	(event type)	(total number)	001. (0))
eun						
Revenue	1	Gross receipts	116,374.	26,167.		142,541.
_						
	2	Less: Contributions	56,912.	26,167.		83,079.
			F0 460			F0 460
	3	Gross income (line 1 minus line 2)	59,462.			59,462.
	4	Cash prizes				
	_	Nanagah prizas				
SS	5	Noncash prizes				
suse	6	Rent/facility costs	705.			705.
Direct Expenses	U	Therm racinty costs	7031			7031
ct E	7	Food and beverages	6,487.	2,856.		9,343.
)ire	•	Toda and bovorages	0,2011			7,000
_	8	Entertainment				
	9	Other direct expenses	41,093.	803.		41,896.
	10		n 9 in column (d)		>	51,944.
		Net income summary. Subtract line 10 from li	ne 3, column (d))	7,518.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	-			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billgo/progressive billgo		l coi. (a) through coi. (c)
Re	_	0				
		Gross revenue				
	2	Cash prizes				
ses	_	Oddin ph/200				
Direct Expenses	3	Noncash prizes				
t Ex						
irec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└─ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		N			_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	
۵	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		NI - II I - i				. — 163 — 140
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:	•	_	-	

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	ARTISTS CREAT	ING TOGETHER	84-1	698531	Page 3
11	Does the organization conduct game	ing activities with nonmen	nbers?		Yes	No
	Is the organization a grantor, benefic	ciary or trustee of a trust,	or a member of a partnership	or other entity formed		
40	to administer charitable gaming?				Yes	└── No
	Indicate the percentage of gaming a				ا مدا	0.4
	The organization's facility				13a	<u>%</u>
	An outside facility				13b	%
14	Enter the name and address of the p	person who prepares the	organization's gaming/special	events books and records:		
	Name ►					
	Address					
15a	Does the organization have a contra	ct with a third party from	whom the organization receive	es gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming	rovonuo roccivod by tho	organization • ¢	and the amount		
•	of gaming revenue retained by the th			and the amount		
	of gaming revenue retained by the tile. If "Yes," enter name and address of					
•	Thes, entername and address or	the third party.				
	Name ►					
	Address ►					
16	Gaming manager information:					
	Name					
	Gaming manager compensation					
	3 3 1					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
	Mandatory distributions:					
á	Is the organization required under st	ate law to make charitable	e distributions from the gamin	g proceeds to		
					└── Yes	└── No
ŀ	Enter the amount of distributions red		· · · · · · · · · · · · · · · · · · ·	organizations or spent in the		
Б	organization's own exempt activities					01 101
Pa		=		2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as ap	oplicable. Also provide an	y additional information. See ir	nstructions.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 84-1698531 ARTISTS CREATING TOGETHER

Par	t I Types of Property						
		(a)	(b)	(c)		(d)	
		Check if	Number of contributions or	Noncash contribution amounts reported on		determining	•
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contr	ibution amo	unts
1	Art - Works of art	X	75		ARTIST EST	IMATE	D VAL
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization appropriate of Forms 8283						
	for which the organization completed Form 828	os, Part V, L	onee Acknowledg	ement 29			es No
ვე-ა	During the year, did the organization receive by	contributio	n any property rer	oorted in Part I lines 1 throu	ah 28 that it	1	es No
Jua	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	•		30a	х
h	If "Yes," describe the arrangement in Part II.					. 000	
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	х
	Does the organization hire or use third parties o	•	•	•		.	
	contributions?		_	· ·		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.			· · ·	· 		

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

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. OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-1698531

ARTISTS CREATING TOGETHER	84-1698531
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS GIVEN TO THE ORGANIZATION'S BOAD	RD OF DIRECTORS
FOR REVIEW PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCLOSURES ARE REVIEWED ANNUALLY BY THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
WAGES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND	D BOARD OF
DIRECTORS. THE REVIEW CONSISTS OF COMPARING NATIONAL AND	LOCAL WAGES FOR
SIMILAR ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE LOCATED IN THE ORGANIZATION'S OFFICE AND	D ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
FORM 990 PART XII LINE 2C	
THE FINANCE COMMITTEE SELECTS THE INDEPENDENT AUDITOR TO	PERFORM THE
AUDIT. THE AUDITED FINANCIAL STATEMENT IS REVIEWED AND AP	PROVED BY THE
FINANCE COMMITTEE BEFORE IT IS FINALIZED.	