Return of Organization Exempt From Income Tax

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

and ending SEP 30, 2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning $OCT~1~,~2022~$ and ending	SEP 30, 2023	
	Check if pplicable Address change	C Name of organization NORTHWEST MICHIGAN ARTS & CULTURE	D Employer identifi	cation number
	Name change		83-12821	44
	□lnitial □return □Final □return/	Number and street (or P.O. box if mail is not delivered to street address) Room/si PO BOX 1859	uite E Telephone numbe 231-714-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	156,841.
	Ameno	I TRAVERSE CITT, MI 45005 1055	H(a) Is this a group re	
	Application pending		for subordinates	
		PO BOX 1859, TRAVERSE CITY, MI 49085	H(b) Are all subordinates in	
				list. See instructions
	Vebsit		H(c) Group exemptio	
		organization: X Corporation Trust Association Other L Y Summary	ear of formation: ZUIO	1 State of legal domicile: MI
F		Briefly describe the organization's mission or most significant activities: TO HARNE	פפ יישד כרו.ו.דר	TTVE DOWER
Se	1	OF THE CREATIVE SECTOR TO CULTIVATE VIBRANT	COMMINITATES B	V TOWER
nar		Check this box if the organization discontinued its operations or disposed of n		
Activities & Governance			3	14
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1b)		14
တ္တ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0
)ţţi		Total number of volunteers (estimate if necessary)		40
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)	138,494.	156,841.
eun	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,494.	156,841.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,724.	65,985.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,000.	30,000.
Expenses	l .	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
х	l .	Total fundraising expenses (Part IX, column (D), line 25) 1,093.	22 412	12 752
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,412. 130,136.	43,753. 139,738.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,358.	
-S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	60,276.	77,379.
Asse Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	0.	0.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	60,276.	77,379.
	art II	Signature Block	,	
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	-
Sig	n	Signature of officer	Date	
Her	е	MARY B. GILLETT, CONVENER/DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		TRINA B. OCHS, CPA	12/07/23 if self-employ	P00209084
-		Firm's name DGN , LLC	Firm's EIN 2	0-2349670
Use	Only	Firm's address P.O. BOX 947		1 046 4500
		TRAVERSE CITY, MI 49685-0947	Phone no. 23	1-946-1722
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE NORTHWEST MICHIGAN ARTS & CULTURE NETWORK ("THE
	NETWORK") IS TO HARNESS THE COLLECTIVE POWER OF THE CREATIVE SECTOR TO
	CULTIVATE VIBRANT COMMUNITIES BY STRENGTHENING THE REGIONAL ECOSYSTEM
	THAT SUPPORTS ARTS AND CULTURE. WE DO OUR WORK THROUGH NETWORKING,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$25,000 • including grants of \$8,500 •) (Revenue \$)
	STAKEHOLDER ENGAGEMENT & EDUCATION: CONVENED REGIONAL AND NETWORK
	MEETINGS, DIGITALLY AND IN PERSON, FOR TRAINING, ORGANIZATIONAL
	DEVELOPMENT, NETWORKING, COMMUNICATIONS, AND MEMBERSHIP SERVICES.
	INCLUDED BIWEEKLY E-NEWS, MONTHLY ZOOM ROUNDTABLES, AND COMMUNITY
	MEETINGS. INCLUDED A 3-WORKSHOP DEI TRAINING SERIES HELD 11/10/22 (2) &
	1/30/23; AND THE ANNUAL NORTHWEST MICHIGAN ARTS & CULTURE SUMMIT ON
	5/9/23. ALSO INCLUDED AN EMERGING ARTISTS PROGRAM TO ENGAGE AND SUPPORT
	YOUNG ADULT ARTISTS. BENEFITED 1,800 PEOPLE. THE ORGANIZATION RECEIVED
	\$3,000 IN DONATED REVENUE AND SERVICES FROM INTERLOCHEN CENTER FOR THE
	ARTS TO HOST AND STAFF THE THE SUMMIT NOT NOTED.
	0.4. 0.4.0
4b	(Code:) (Expenses \$ 84,310 · including grants of \$ 53,985 ·) (Revenue \$)
	BACKBONE SERVICES: MAINTAIN SECTOR DATA BASE/SALESFORCE; COMMUNICATIONS
	INFRASTRUCTURE, SHARING NONPROFIT BEST PRACTICES, PROGRAM/COLLABORATIVE
	OPPORTUNITIES, MANAGE MACC REGIONAL REGRANT PROGRAM, SERVE AS REGIONAL PARTNER FOR MACC AND STATEWIDE ARTS AND CULTURAL RESOURCES, PROVIDE
	CONSULTATIONS AND TECHNICAL CAPACITY BUILDING ASSISTANCE, SERVE AS
	FISCAL SPONSOR FOR INDIVIDUAL ARTIST WHICH BENEFITED 5,000 PEOPLE. THE
	ORGANIZATION RECEIVED \$18,000 IN DONATED SERVICES THAT ARE NOT INCLUDED IN EXPENSES.
	IN EVLENDED.
4c	(Code:) (Expenses \$ 26,049 • including grants of \$ 3,500 •) (Revenue \$)
70	PROMOTION & COMMUNICATIONS: EXPANDED NETWORK WEBSITE, SOCIAL MEDIA,
	GRAPHIC DESIGN SERVICES, COLLECTIVE IMPACT PROMOTIONS, MARKETING
	COMMUNICATION MATERIALS PRINTING, DIGITAL TOOLS AND MEMBER PROMOTION
	WHICH BENEFITTED 2,000 PEOPLE.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 135,359.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		х
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 Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

NORTHWEST MICHIGAN ARTS & CULTURE

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Part IV	Checklist of Required Schedules (c	ontinued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
	Schedule J	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
r	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax exempt bornes beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	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	07		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		Х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
За	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 authorit	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	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 Account	s (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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	nization solicit			77
	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				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		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 requ		- .		Х
اء.	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		7с		Λ
d	• ,	١٥	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	T	7 6		X
t	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	t t	,,,		
Ŭ	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 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ļ	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans Start to a mount of records an hood 13b				
	Enter the amount of reserves on hand		1/10		X
	KINA III. 1961 I. E. TOOL III. III. III. III. III. III. III. I		14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration (s) of the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration (s) of the section (s) of the se		1-10		
.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	17		
	If "Yes," complete Form 6069.				
				ΩΩΩ	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI							
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 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MI							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MARY BEVANS GILLETT - 231-883-8388 PO BOX 1859, TRAVERSE CITY, MI 49685							
	IO DOA IOJE, INAVERSE CIII, MI 4500J							

83-1282144

Page 7

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat (A)	(B)	Ī		((•		(D)	(E)	(F)
Name and title	Average	l		Pos	ition			Reportable	Reportable	Estimated
Tame and the	hours per					than is bot		compensation	compensation	amount of
	week	\vdash	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	g,			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		g.	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con /ee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY GILLETT	35.00	_	_		<u> </u>	Τ θ	-			
CONVENER/DIRECTOR		1		х				30,000.	0.	0.
(2) GARY GATZKE	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) MEGAN HEATOR	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) DIANE BARIBEAU	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) NICK WALSH	4.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(6) MERCEDES MICHALOWSKI	1.00								_	
PAST PRESIDENT		Х		Х				0.	0.	0.
(7) LESLIE DONALDSON	3.00									
DIRECTOR		Х						0.	0.	0.
(8) ELIZABETH CALCUTT	0.50	l								
DIRECTOR	1 00	Х						0.	0.	0.
(9) KRISTI WODEK	1.00	١								
DIRECTOR	1 00	Х						0.	0.	0.
(10) AMANDA KIK	1.00	,,							0	_
DIRECTOR	4 00	Х						0.	0.	0.
(11) MICHELLE BIEN	4.00	X						0.	0.	0.
DIRECTOR (12) GARAN MINE	1.00	^						0.	0.	0.
(12) SARAH KIME DIRECTOR	1.00	x						0.	0.	0.
(13) ERIN WHITING	0.50	^						0.	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
(14) BRETT SINCLAIR	1.00							· ·	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(15) AMY GILLARD	2.00		\vdash						<u> </u>	
DIRECTOR	2,50	x						0.	0.	0.
		ᢡ								
		1								
		1								
				_					·	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average			() Pos	C) ition	1		(D) Reportable	(E) Reportable	Est	(F) timate	d
		hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation	1	ount o	of
		(list any	⊢					<u> </u>	from the	from related organizations	I	other oensat	tion
		hours for	Individual trustee or director	as as			rted		organization	(W-2/1099-MISC/	fro	om the)
		related organizations	ustee	Institutional trustee		96	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	_	anizati I relate	
		below	dual tr	utional	_	Key employee	sst con	ь	'		1	nizatio	
		line)	Indiv	Instit	Officer	Key e	High empl	Former					
									20 000	0			_
	Subtotal								30,000.	0.			0.
	Total (add lines 1b and 1c)								30,000.	0.			0.
2	Total number of individuals (including but n								-		l		
	compensation from the organization								·	, '			(
•	5.1.1	Р										Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•	4		х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				5		Х
	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										sation fi	rom	
	(A)	ino calondar y	oui	orran	<u>g v</u>	*****	0		(B)	your.	(C)	
	Name and business	address	N	INC	3			_	Description of s	ervices (Comper	satior	1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received m	nore than			
										•	Form 9	90 (2	0000

Pa	rt \	7111	_			a in this Dort VIII			
			Check if Schedule O contains a res	sponse	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		121,750. 35,091.	156,841.			
					Business Code				
Program Service Revenue	2		All other program service revenue Total. Add lines 2a-2f						
	3		Investment income (including dividende						
	4 5		other similar amounts) Income from investment of tax-exempt Royalties	bond p	roceeds				
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	eal	(ii) Personal				
	7		Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Sector 7a		(ii) Other				
Revenue		С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)						
Other I	8		Gross income from fundraising events (not including \$:					
	•	С	Less: direct expenses Net income or (loss) from fundraising e	8b vents					
	9	b	Gross income from gaming activities. S Part IV, line 19 Less: direct expenses	9a 9b					
	10	а	Net income or (loss) from gaming activi Gross sales of inventory, less returns and allowances Less: cost of goods sold	10a					
	_		Net income or (loss) from sales of inver						
<u></u>			, ,	,	Business Code				
Miscellaneous Revenue	11	а							
land		b							
3ee		С							
Z Is			All other revenue						
			Total. Add lines 11a-11d			156 041	_		
	12		Total revenue. See instructions			156,841.	0.	0.	0.

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 respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4- 44-	4- 44-		
	and domestic governments. See Part IV, line 21	65,985.	65,985.		
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,	20 000	20 000		
	trustees, and key employees	30,000.	30,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	27 142	25 507	1 160	200
а	Management	27,143.	25,597.	1,160.	386
b	Legal	2 405	2 077	200	100
С		3,495.	2,977.	389.	129
d	Lobbying				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	605.	517.	66.	2.2
12	Advertising and promotion	2,974.	2,614.	270.	22 90
13	Office expenses	4,314.	2,014.	270.	90
14	Information technology				
15	Royalties	9,026.	7,221.	1,354.	451
16	Occupancy	9,020.	1,221.	1,334.	451
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	125.	125.		
19	Conferences, conventions, and meetings	143.	143.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	205	202	17	1 -
а	DUES AND SUBSCRIPTIONS	385.	323.	47.	15
b					
С					
d					
е	All other expenses	120 720	125 250	2 200	1 002
25	Total functional expenses. Add lines 1 through 24e	139,738.	135,359.	3,286.	1,093
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Part .	^	Balance Sneet					
		Check if Schedule O contains a response or	note to	any line in this Part X		<u>.</u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			53,489.	1	45,322
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net		3			
.	4	Accounts receivable, net		6,787.	4	32,057	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, s	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these pe	ersons		5	
- -	6	Loans and other receivables from other disc	persons (as defined				
		under section 4958(f)(1)), and persons described		6			
٠ ي	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
▼ 9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	b		10c		
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, li		12			
1:	3	Investments - program-related. See Part IV, I		13			
1.	4	Intangible assets		14			
1:	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must			60,276.	16	77,379
1	7	Accounts payable and accrued expenses		17			
1	8	Grants payable		18			
1:	9	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
ც 2	2	Loans and other payables to any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, se	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these pe	ersons		22	
J 2	3	Secured mortgages and notes payable to un	nrelated	third parties		23	
2	4	Unsecured notes and loans payable to unre	lated thi	rd parties		24	
2	:5	Other liabilities (including federal income tax	, payabl	es to related third			
		parties, and other liabilities not included on l	lines 17-	24). Complete Part X			
		of Schedule D				25	
2	6	Total liabilities. Add lines 17 through 25			0.	26	C
_ω		Organizations that follow FASB ASC 958,	check h	ere X			
Net Assets of Fund balances 3 3 3 3 3 3 3 3		and complete lines 27, 28, 32, and 33.					
<u> </u>	7	Net assets without donor restrictions			60,276.	27	77,379
Ž 2	8	Net assets with donor restrictions				28	
Í		Organizations that do not follow FASB AS	SC 958, o	check here			
-		and complete lines 29 through 33.					
2 2	9	Capital stock or trust principal, or current ful				29	
g 3	0	Paid-in or capital surplus, or land, building, or	or equipr	nent fund		30	
<u>₹</u> 3	1	Retained earnings, endowment, accumulate	ed incom	e, or other funds		31	
S 3	2	Total net assets or fund balances			60,276.	32	77,379
3	3_	Total liabilities and net assets/fund balances	s		60,276.	33	77,379

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,84	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		,73	
3	Revenue less expenses. Subtract line 2 from line 1	3			,10	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		60	,27	6.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		77	,37	9.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>	
				Y	'es	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 Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	d		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		з	a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit	\top	\neg	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		ı	b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

NORTHWEST MICHIGAN ARTS & CULTURE

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

NETWORK 83-1282144 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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.)

<u> 26</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	34,375.	103,231.	133,324.	138,815.	156,841.	566,586.
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	24 255	100 001	100 001	400 045	456 044	566 506
4	Total. Add lines 1 through 3	34,375.	103,231.	133,324.	138,815.	156,841.	566,586.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						211 066
	column (f)						211,866.
	Public support. Subtract line 5 from line 4.						354,720.
	etion B. Total Support	() 0040	(1) 0040	() 0000	(D 0004	() 0000	(0 T
	ndar year (or fiscal year beginning in)	(a) 2018 34,375.	(b) 2019 103, 231.	(c) 2020 133,324.	(d) 2021 138,815.	(e) 2022 156,841.	(f) Total 566,586.
	Amounts from line 4	34,373.	103,231.	133,324.	130,013.	130,041.	300,300.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						566,586.
	Gross receipts from related activities,	etc (see instruction	nne)			12	33373331
	First 5 years. If the Form 990 is for the		,	fourth or fifth tax			
	organization, check this box and stor			•		,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		14	62.61 %
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a po	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	t op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

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						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	and the line of 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Va -	NI -
ı		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	iu		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	ioa		
	10b		
	A (Forr	~ 000	2000

Pa	rt IV Supporting Organizations (continued)			.gc C
	II		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	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		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1		
1 a	The organization satisfied the Activities Test. Complete line 2 below.)-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	/ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued}	d)	
Secti	on 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				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ns :	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		!	9	
<u>10</u>	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	a From 2017				
b	b From 2018				
c	c From 2019				
d	d From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$			_	
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.			-	
8	Breakdown of line 7:			-	
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
a	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 dit VI	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 I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NETWORK							83-1282144
Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	toring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than			· ·		(f) Method of	1	Г
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							BENEFITED FROM 3 MICHIGAN
FOREST AREA SCHOOLS							ARTS & CULTURE COUNCIL
7741 SHIPPY RD SW							(MACC) MINIGRANTS: A)
FIFE LAKE, MI 49633	38-2073235		6,300.	0.	FMV		\$3,300 MINIGRANT PROJECT
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in tl	he line 1 table				
3 Enter total number of other organization		1 table					

NORTHWEST MICHIGAN ARTS & CULTURE

25

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	(b); and any other a	dditional information.	
PART I, LINE 2:					
EACH GRANT RECEIVED AND/OR ADMINIS	TERED ON	BEHALF OF	MICHIGAN	ARTS &	
CULTURE COUNCIL (MACC) FOLLOWS GUI	DELINES	SET BY MAC	CC. CONTRA	CTS STATING	
EXPECTATIONS, FUNDING AND TIMELINE	S ARE AP	PROVED BY	THE NETWOR	K BOARD AND	
MACC COUNCIL WITH THE NETWORK PRES					
		AUTHORIZI	ING OFFICIA	L AND	
CONVENER/DIRECTOR AS PROJECT MANAGE	ER.				
AWARDS ARE TYPICALLY DISBURSED IN	TWO PAYM	ENTS: 75%	UPON SIGNE	D CONTRACT	
AND 25% UPON SUBMISSION OF APPROVE	D FINAL	REPORT. F	PERIODICALL	Y, AN AWARD	

Schedule I (Form 990) NETWORK 83-1282144 Page 2
Part IV Supplemental Information
IS INCREASED MID-CYCLE, AND WILL WARRANT AN ADDITIONAL PAYMENT. NETWORK
GRANT DISBURSEMENTS ARE PREPARED BY THE CONVENER/DIRECTOR AND SIGNED BY THE
TREASURER WITH MONTHLY REPORTING TO THE BOARD AND FINAL REPORTING TO MACC.
RECORDS ARE MAINTAINED BY THE NETWORK FOR REPORTING AND OVERSIGHT BY THE
NETWORK TREASURER AND BOARD OF DIRECTORS AS WELL AS MACC. NETWORK RECORDS
ARE RETAINED IN QUICKBOOKS, SALESFORCE AND GRANTEE FILES. ALL DATA IS ALSO
RETAINED AND REPORTED WITHIN MACC. OVERSIGHT AT THE STATE LEVEL IS
PROVIDED BY: A) EACH GRANT FUND'S PROGRAM MANAGER; B) MACC'S FINANCIAL
ANALYST; AND C) THE MACC COUNCIL.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: FOREST AREA SCHOOLS
(H) PURPOSE OF GRANT OR ASSISTANCE: BENEFITED FROM 3 MICHIGAN ARTS &
CULTURE COUNCIL (MACC) MINIGRANTS: A) \$3,300 MINIGRANT PROJECT GRANT FOR
BAND CAMP; \$1,500 MINIGRANT POD GRANT FOR PROFESSIONAL TRAINING OF THE
BAND INSTRUCTOR; AND, 3) A SCHOOL EQUIPMENT & SUPPLIES MINIGRANT TO
REPAIR BAND INSTRUMENTS.

Schedule I (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NORTHWEST MICHIGAN ARTS & CULTURE NETWORK

Employer identification number 83-1282144

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENING THE REGIONAL ECOSYSTEM THAT SUPPORTS ARTS AND CULTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, PROMOTION, GRANT OPPORTUNITIES, AND BACKBONE SERVICES TO

SERVE AND STRENGTHEN NORTHWEST MICHIGAN'S ARTS, CULTURE AND CREATIVE

SECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED BY THE PRESIDENT, TREASURER AND CONVENER PRIOR TO THE BOARD'S REVIEW. THE BOARD THEN REVIEWS AND APPROVES THE RETURN AT THE FOLLOWING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MAKES BEST EFFORTS TO HAVE ALL BOARD OF DIRECTORS SIGN AN ANNUAL CONFLICTS OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

MANAGEMENT IS PROVIDED CONTRACTUALLY UTLIZING THE CONTINUED SERVICES OF THE MCACA REGRANT COORDINATOR (VETTED BY STATE OF MI/MCACA) WHO PROVIDED THE SAME SERVICES UNDER A DIFFERENT AGENCY AND LED ORGANIZATIONAL WORK TO DATE. REVIEW OF RESUME, REGIONAL & PROFESSIONAL EXPERIENCE, STATEWIDE PEER ORGANIZATIONS, REFERENCES AND HISTORY WITH ORGANIZATION AND STATE ARTS WERE CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2022