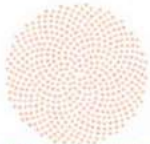


* Revised for MCACA reviewers as of 6/2/17 *



**Data
Arts**

Michigan Council for Arts and Cultural Affairs
Funder Report



Organization Information

Organization name: The Art Experience, Inc.

City: Pontiac

State: MI

County: Oakland County

NISP Discipline: 05 - Visual Arts

NISP Institution: 15 - Arts Center

NTEE: A25 - Arts Education

Applicant is not audited or reviewed by an independent accounting firm.

Federal ID # 383373601

Year organization founded: 1996

Organization type: 501(c)3 nonprofit organization

Fiscal year end date: 12-31

DUNS #

Full-time staff: 0

Paid FTEs: 0

A display value of -0% signifies a value of less than +/- 0.5%

Unrestricted Activity	FY 2016
Unrestricted Operating Revenue	
Earned Program	\$23,948
Earned Non-program	\$1,102
Total Earned Revenue	\$25,050
Investment Revenue	\$861
Contributed Revenue	\$88,556
Total Unrestricted Operating Revenue	\$114,467
Less in-kind	(\$5,848)
Total Unrestricted Operating Revenue Less In-kind	\$108,619
Expenses by Functional Total	
Program	\$75,014
Fundraising	\$10,434
General & Administrative	\$17,604
Total Operating Expenses	\$103,052
Less in-kind	(\$5,848)
Total Operating Expenses Less In-kind	\$97,204
Net Unrestricted Activity - Operating	\$11,415
Net Unrestricted Activity - Non-operating	
Total Net Unrestricted Activity	\$11,415
Net Temporarily Restricted Activity	\$0
Net Permanently Restricted Activity	\$0
Net Total Activity	\$11,415

Revenue by Source

■ Earned
 ■ Investment
 ■ Contributed



Expenses by Functional Grouping

■ Program
 ■ General & Administrative
 ■ Fundraising



Revenue Details

	FY 2016	FY 2016	FY 2016
	Total	Unrestricted	Temporarily Restricted
Operating Revenue			
Earned - Program			
Contracted services	\$11,410	\$11,410	
Total earned - program	\$23,948	\$23,948	\$0
Earned - Non-program			
Gift shop and merchandise fees	\$1,102	\$1,102	
Total earned - non-program	\$1,102	\$1,102	\$0
Total earned revenue	\$25,050	\$25,050	
	FY 2016		
Contributed	Total		
Trustee & board	\$803		
Individual	\$7,588		
Corporate	\$1,000		
Foundation	\$26,250		
County government	\$5,000		
State government	\$21,750		
In-kind operating contributions	\$5,848		
Other contributions	\$20,317		
Net assets released from restriction	\$0		
Total contributed revenue	\$88,556		
Operating investment revenue	\$861		
Total operating revenue	\$114,467		
Total operating revenue less in-kind	\$108,619		
Total non-operating revenue			
Total revenue	\$114,467		
Total revenue less in-kind	\$108,619		

Expense Details

	FY 2016 Total	FY 2016 Program	FY 2016 Fundraising	FY 2016 General & Administrative
Personnel expenses - Operating				
W2 employees (salaries, payroll taxes and fringe benefits)	\$40,534	\$30,591	\$0	\$9,943
Independent contractors	\$22,841	\$22,841	\$0	
Professional fees	\$1,110	\$0		\$1,110
Total personnel expenses - Operating	\$64,485	\$53,432	\$0	\$11,053
Non-personnel expenses - Operating				
Advertising and promotion	\$2,069	\$0	\$0	\$2,069
Dues and subscriptions	\$655	\$0	\$0	\$655
Insurance	\$1,581	\$1,502		\$79
Occupancy costs	\$15,166	\$14,408		\$758
Office and administration	\$2,855	\$0		\$2,855
Printing, postage and shipping	\$103	\$0	\$0	\$103
Productions and events costs	\$15,495	\$5,061	\$10,434	\$0
Depreciation	\$643	\$611	\$0	\$32
Total non-personnel expenses - Operating	\$38,567	\$21,582	\$10,434	\$6,551
Total operating expenses	\$103,052	\$75,014	\$10,434	\$17,604
Non-operating personnel expenses	\$0			
Non-operating non-personnel expenses	\$0			
Total expenses	\$103,052	\$75,014	\$10,434	\$17,604
Total expenses less in-kind	\$97,204			
Total expenses less depreciation	\$102,409			
Total expenses less in-kind and depreciation	\$96,561			

Balance Sheet

Assets	FY 2016
Current assets	
Cash	\$30,411
Receivables	\$800
Investments	\$0
Prepaid expenses & other	\$0
Total current assets	\$31,211
Non-current investments	\$12,619
Fixed assets (net)	\$10,736
Other non-current assets	\$0
Total non-current assets	\$23,355
Total assets	\$54,566
Liabilities & Net Assets	FY 2016
Liabilities	
Accounts payable & other	\$29
Loans & other debt	\$0
Deferred revenue	\$0
Total current liabilities	\$29
Non-current liabilities	\$0
Total liabilities	\$29
Net assets	
Unrestricted	\$42,037
Temporarily restricted	\$0
Permanently restricted	\$12,500
Total net assets	\$54,537
Total liabilities & net assets	\$54,566

Balance Sheet Metrics

	FY 2016
Months of Operating Cash	4
Total working capital	\$31,182
Current Ratio	1,076.24
Debt Service Impact	0%
Unrestricted Net Assets Net of Property, Plant and Equipment	
Operating Margin	10%
Depreciation as a % of Fixed Assets	n/a
Leverage Ratio	

Months of Operating Cash represents the number of months an organization can operate at current average monthly expense levels with existing cash and cash equivalents. $Cash + Cash\ Equivalents / (Total\ Expense / 12)$. The ratio is calculated using total numbers since this organization does not have a disaggregated balance sheet.

Total Working Capital consists of the resources available for operations, and in this report is calculated as total current assets minus total current liabilities since this organization does not have a disaggregated balance sheet. This calculation of working capital may differ from your internal calculations. Adequate working capital provides financial strength and flexibility to your organization, the ability to meet obligations as they come due, and the ability to take more risks, knowing there is a cushion to fall back on

Current Ratio (Current Assets divided by Current Liabilities) determines the organization's ability to pay current debt using current assets. The higher the ratio, the more capable the organization is of paying its obligations. The ratio is calculated using unrestricted numbers only.

Debt Service Impact (Total Debt Service including principal and interest divided by Total Expense) calculates the % of an organization's total expenses applied to the total debt-service burden, e.g. a mortgage). This measure can help understand the portion of the book value of an organization's fixed assets that they truly own free and clear of related obligations and depreciated value. It is calculated as $Unrestricted\ Net\ Assets - (Net\ Fixed\ Assets - Mortgage\ Debt)$.

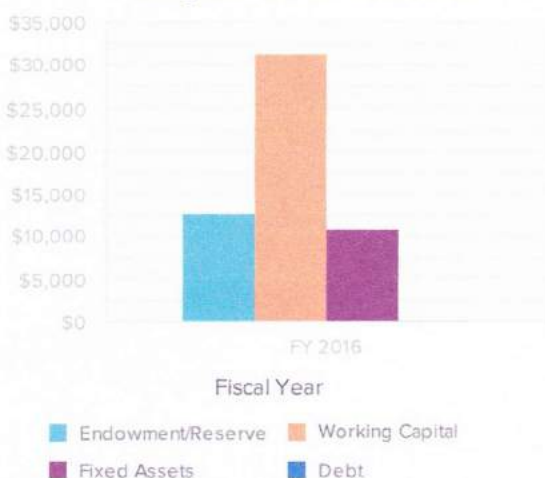
Unrestricted Net Assets Net of Property, Plant and Equipment (Unrestricted Net Assets - (Net Fixed Assets - Mortgage Debt)) shows what the organization's unrestricted net assets would be if they did not own any property, or have any debts associated with that property. Because this calculation is based on unrestricted values for net assets and fixed assets, if an organization fills out a single column balance sheet and does not separate fixed assets into restricted and unrestricted categories, this value will be blank

Operating Margin (Change in Net Assets divided by Total Unrestricted Operating Revenue) is a measurement of the organizations efficiency in operating, highlighting the amount of an organization's surplus or deficit.

Depreciation as a % of Fixed Assets indicates the potential need for replacement or repair of fixed assets (such as buildings, furniture, office equipment, sets and props); especially significant for organizations that own a building or carry a long-term lease.

Leverage Ratio (Long Term Debt divided by Total Unrestricted and Temporarily Restricted Assets) is a measurement of a company's efficiency in operating.

Components of Net Assets



Months of Working Capital



Attendance

In-person Participation	FY 2016
In-person participation - paid	1,479
In-person participation - free	1,370
Total in-person participation	2,849

Types of In-person Attendance	FY 2016
Registrants for classes/workshops	1,645
Students given private lessons	2
Field trip participants	2
Festival attendees	1,200
Total in-person participation	2,849

Attendance Ages	FY 2016
Children (18 and under)	741
Children served in schools	1,742
Seniors	844
Adults	1,264

Other Participation	FY 2016
Consulting/fee-for-service clients	5
Competition entrants	27
Competition winners	4
People engaged in advocacy	2,576

Staffing

Staff & Non-Staff Statistics	FY 2016
Part-time permanent employees	2
Number of part-time or one-time volunteers	80
Part-time or one-time volunteers - FTEs	0.47
Independent contractors	21
Number of interns and apprentices	6

Artistic Staff & Non-Staff Statistics	FY 2016
Part-time employees that are artists	2
Independent contractors that are artists	17

Program Activity

	FY 2016
Works commissioned	4
Works circulated	23
Distinct classes/workshops	146
Distinct class series/courses	9
Total classes/class sessions	735
Private lessons offered	3
Distinct field trips	1
Field trip occurrences	1
Programs offered in schools	6
Hours of programming in schools	208
Number of schools served	7
Artists placed in schools	6
Fairs/festivals/parades	2
Competitions hosted	4

FY 2016	Key advocacy Issues
	Importance of Arts in Education
	Impact of Arts in Healthcare
	Value of Arts for those with Disabilities
	Arts as a tool for Economic Recovery

Click on the question-mark icons to display help windows.
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **The Art Experience, Inc.**
 Number and street (or P.O. box, if mail is not delivered to street address): **175 S. Saginaw St.** Room/suite: **109**
 City or town, state or province, country, and ZIP or foreign postal code: **Pontiac, MI 48342**

D Employer identification number: **383373601**

E Telephone number: **248-706-3304**

F Group Exemption Number: **?**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **www.theartexperience.org**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **108719**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **?**

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																												62491	
	2	Program service revenue including government fees and contracts																											25050		
	3	Membership dues and assessments																												0	
	4	Investment income																												861	
	5a	Gross amount from sale of assets other than inventory					0																							0	
	b	Less: cost or other basis and sales expenses					0																								0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													0
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													16580
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																													3737
c	Less: direct expenses from gaming and fundraising events																													10434	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													9883	
7a	Gross sales of inventory, less returns and allowances																													0	
b	Less: cost of goods sold																													0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													0	
8	Other revenue (describe in Schedule O)																													0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													98285	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												0	
	11	Benefits paid to or for members																												0	
	12	Salaries, other compensation, and employee benefits																												40535	
	13	Professional fees and other payments to independent contractors																												23951	
	14	Occupancy, rent, utilities, and maintenance																												15166	
	15	Printing, publications, postage, and shipping																												964	
	16	Other expenses (describe in Schedule O)																												12099	
17	Total expenses. Add lines 10 through 16																												92715		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												5570	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												48996	
	20	Other changes in net assets or fund balances (explain in Schedule O)																												0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												54566	

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37617	43030
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	11379	11536
25 Total assets	48996	54566
26 Total liabilities (describe in Schedule O)	0	29
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48996	54537

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 3

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Art classes for low income and special needs individuals. Open Art Studio for low income and special needs individuals. Art classes for students in low income school districts where arts programming has been cut.		
(Grants \$ 21750) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	72654
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	72654

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Oneil Franso President	2	0	0	0
Judy Wilson Executive Director	30	28355	0	0
Denise McBeath-Thomas Trustee	2	0	0	0
Christopher Northcross Trustee	2	0	0	0
Mona Scott Trustee	2	0	0	0
Heidi Warrington Trustee	2	0	0	0
Bridgette Giampa Vice President	2	0	0	0
Kristen Lambert Secretary	2	0	0	0
Pat Christian Trustee	2	0	0	0
Marie Hartzell-Hoerauf Trustee	4	6060.25	0	0
Gina Coschino Trustee	2	0	0	0
(Continued on Schedule O, Statement 4)				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41	List the states with which a copy of this return is filed ▶ <u>Michigan</u>		
42a	The organization's books are in care of ▶ <u>Audra Pieknik</u> Telephone no. ▶ <u>248-706-3304</u> Located at ▶ <u>175 S. Saginaw St., Ste 100, Pontiac, MI</u> ZIP + 4 ▶ <u>48342</u>		
42b	b 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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44c	c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Judy Wilson, Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No