

Form **990**

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **10/01/22**, and ending **09/30/23**

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

C Name of organization
HOLLAND AREA ARTS COUNCIL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
150 E. 8TH STREET

City or town, state or province, country, and ZIP or foreign postal code
HOLLAND MI 49423

F Name and address of principal officer:
LORI GRAMER
150 E 8TH STREET
HOLLAND MI 49423

D Employer identification number
38-2420156

E Telephone number
616-396-3278

G Gross receipts \$ **397,999**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.HOLLANDARTS.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983** **M** State of legal domicile: **MI**

Part I Summary

CLIENT'S COPY

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE, ENGAGE, AND CHALLENGE THE COMMUNITY IN THE ARTS WHICH WILL CONTRIBUTE TO THE CULTURAL, EDUCATIONAL, AND ECONOMIC STRENGTH OF THE GREATER HOLLAND LAKESHORE AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	7
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 156,850 Current Year: 160,276
	9	Program service revenue (Part VIII, line 2g)	133,504 159,330
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,459 66,552
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,921 11,841
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	381,734 397,999
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000 53,702
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,236 88,542
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
		b Total fundraising expenses (Part IX, column (D), line 25)	7,311
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	253,536 299,558
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	383,772 441,802	
	19 Revenue less expenses. Subtract line 18 from line 12	-2,038 -43,803	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,448,472 End of Year: 1,477,261
	21	Total liabilities (Part X, line 26)	5,315 7,731
	22	Net assets or fund balances. Subtract line 21 from line 20	1,443,157 1,469,530

Part II Signature Block

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

Sign Here

Signature of officer: **LORI GRAMER** EXEC DIRECTOR Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JODY BROEKHUIZEN** Preparer's signature: *Jody Broekhuizen CPA* Date: **1/3/24** Check if self-employed PTIN: **P01275372**

Firm's name: **DELONG & BROWER, P.C.** Firm's EIN: **38-2831981**

Firm's address: **460 S WAVERLY RD HOLLAND, MI 49423** Phone no.: **616-396-0500**