

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

OMB No. 1545-0047
2020
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">HOLLAND AREA ARTS COUNCIL</p> 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	D Employer identification number <p align="center">38-2420156</p> E Telephone number <p align="center">616-396-3278</p> G Gross receipts \$ 438,574
F Name and address of principal officer: LORI GRAMER 150 E 8TH STREET HOLLAND MI 49423		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.HOLLANDARTS.ORG		L Year of formation: 1983
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: MI

Part I Summary

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)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	141,795	221,965
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,159	108,666
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,100	49,287
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,656	9,590
	12		256,710	389,508
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,786	50,166
	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)	85,548	76,460
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,512		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	194,607	212,652
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	329,941	339,278	
19	Revenue less expenses. Subtract line 18 from line 12	-73,231	50,230	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,513,879	1,761,986
	22	Net assets or fund balances. Subtract line 21 from line 20	6,190	6,075
			1,507,689	1,755,911

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	Date
	Type or print name and title EXEC DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name JODY BROEKHUIZEN	Preparer's signature JODY BROEKHUIZEN	Date 12/01/21	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01275372
	Firm's name ▶ DELONG & BROWER, P.C.			Firm's EIN ▶ 38-2831981
	Firm's address ▶ HOLLAND, MI 49423			Phone no. 616-396-0500

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