

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

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](http://www.irs.gov/form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19**

**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 \$ **359,956**

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list (see instructions)

**1** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4847(e)(1) or  527

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

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

**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  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 2018 (Part V, line 2a) **5 5**

**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, line 38 **7b 0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) .....	179,204	124,605
<b>9</b> Program service revenue (Part VIII, line 2g) .....	125,661	125,952
<b>10</b> Investment income (Part VII, column (A), lines 3, 4, and 7d) .....	69,851	55,588
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	13,682	26,100
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	388,398	332,245
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	40,025	39,275
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	170,841	135,615
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>16,802</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	169,733	173,503
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	380,599	348,393
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	7,799	-16,148
<b>20</b> Total assets (Part X, line 16) .....		
<b>21</b> Total liabilities (Part X, line 26) .....	1,484,478	1,466,845
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	9,167	6,979
	1,475,311	1,459,866

**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 of print name and title: **EXEC DIRECTOR**

Preparer's name: **JODY BROEKHUIZEN** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)