

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

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.**

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

<p>B Check if applicable:</p> <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	<p>C Name of organization: GREATER FLINT ARTS COUNCIL</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>316 S SAGINAW</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>Flint, MI 48502</p>	<p>D Employer identification number</p> <p style="text-align: center;">38-2156116</p> <p>E Telephone number</p> <p style="text-align: center;">(810) 238-6496</p> <p>G Gross receipts</p> <p style="text-align: right;">\$ 1,059,963</p>
<p>F Name and address of principal officer: GREG FIEDLER</p> <p>Same as C above</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>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</p>		
<p>J Website: ▶ www.greaterflintartscouncil.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1967 M State of legal domicile: MI</p>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BE A CATALYST OF AND ADVOCATE FOR INCREASED ARTISTIC AND CULTURAL ENRICHMENT OF AN ETHNICALLY DIVERSE COMMUNITY		
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 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	504,408	1,024,376
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,693	6,238
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,101	29,349
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		440,000
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)	165,070	172,161
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,213		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,541	430,696
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	497,611	1,042,857
19	Revenue less expenses. Subtract line 18 from line 12	36,490	17,106
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	512,913	611,257
22	Net assets or fund balances. Subtract line 21 from line 20	201,464	255,573
		311,449	355,684

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	<p>Signature of officer</p> <p>GREG FIEDLER, EXECUTIVE DIRECTOR</p> <p>Type or print name and title</p>	<p>Date</p>
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Paid Preparer Use Only	<p>Print/Type preparer's name</p> <p>ANITA TELLIS</p>	<p>Preparer's signature</p>	<p>Date</p> <p>04-28-2020</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN</p> <p>P00943329</p>
	<p>Firm's name ▶ TELLIS AND COMPANY, PLLC</p> <p>Firm's address ▶ 15 E Kirby St Ste 106 Detroit MI 48202</p>				<p>Firm's EIN ▶</p> <p>Phone no. 313-873-3812</p>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No