Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

non to Public

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2020 calenda	ar year, or tax year beginning 10/01/2020 and ending	09/30/20)21					
B 0	heck if ap	k if applicable: C Name of organization D I		nployer i	dentification number					
	Address c	hange	GAYLORD AREA COUNCIL FOR THE ARTS	38-2329722						
	Name cha	•	E Telephone number							
=	nitial retur		989-732-3242							
=	-inai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	emption					
=		n pending	Gaylord, MI, 49735	lumber	>					
G A	ccount	ting Method:	✓ Cash Accrual Other (specify) ► H Chec	k ▶ 🔽	if the organization is not					
ΙV	/ebsite	: ▶			tach Schedule B					
J Ta	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form	n 990, 99	00-EZ, or 990-PF).					
			☐ Corporation ☐ Trust ☐ Association ☑ Other Tax Exempt Orga	nization						
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts						
(Par	t II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	▶ (72,507					
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	s for Part I)					
		Check if	the organization used Schedule O to respond to any question in this Part I							
	1		ons, gifts, grants, and similar amounts received		39,204					
	2	Program se	ervice revenue including government fees and contracts	2	9,230					
	3	Membersh	ip dues and assessments	3	23,903					
	4	Investment	:income	4	170					
	5a	Gross amo	ount from sale of assets other than inventory 5a	0						
	b	Less: cost	or other basis and sales expenses	0						
	с 6									
Ø	а	Gross inc	Gross income from gaming (attach Schedule G if greater than							
Š			me from fundraising events (not including \$ 0 of contributions	0						
Revenue	b									
œ		from fundr								
			th gross income and contributions exceeds \$15,000) 6b	0						
	c d		t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	+						
	u		e or (loss) from gaming and fundraising events (add lines of and ob and subtrac	6d	0					
	7a	Gross sale	s of inventory, less returns and allowances	0						
	b		of goods sold	0						
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7с	0					
	8	Other reve	nue (describe in Schedule O)	8	0					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,507					
	10		I similar amounts paid (list in Schedule O)	10	0					
	11		aid to or for members		0					
es	12		ther compensation, and employee benefits		35,969					
Su	13		al fees and other payments to independent contractors		550					
Expenses	14		y, rent, utilities, and maintenance		5,492					
ΔÛ	15		ublications, postage, and shipping		835					
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		14,708					
	17	Total expe	enses. Add lines 10 through 16	17	57,554					
ţ	18		(deficit) for the year (subtract line 17 from line 9)		14,953					
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit							
As			r figure reported on prior year's return)		172,468					
Net Assets	20		ges 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	21	187,421					

Form 990-EZ (2020) Page 2 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 93,353 22 22 Cash, savings, and investments 108.306 79,115 23 23 Land and buildings 79,115 Other assets (describe in Schedule O) 24 0 24 0 25 172,468 25 187,421 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 172,468 27 187,421 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. Support and promote arts and cultural events: (Virtual gatherings were due to Covid 19). Held 8 exhibits, showcasing works of 114 artists. Held 8 virtual workshops, teaching 53 attendees. Held 5 live workshops, (Continued on Schedule O, Statement 3) 0) If this amount includes foreign grants, check here . 28a 1,453 Enrich the community with cultural performances: Held 10 virtual opportunities for local performers to share their talents. No attendee information available. (Grants \$ 0) If this amount includes foreign grants, check here . 29a 1,000 Support the creativity and art education of youth: Held 5 youth workshops for 22 attendees. 0) If this amount includes foreign grants, check here 30a 75 0) If this amount includes foreign grants, check here 31a 0 2,528 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 (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Lisa Marie Tobin 35.00 25,000 0 0 **Executive Director** Jon Tobin 12.00 9,360 0 0 **Administrative Assistant** 0 Janet Allen 0.00 0 0 **Board President** Janice Lampert 0.00 0 0 0 **Board Vice President** 0.00 0 0 0 Sheryl Lamarand **Board Secretary** 0 0 Carolyn Monarch 0.00 0 **Board Treasurer**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			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	33		>
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	0.4		. 4
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)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
С	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	35c		~
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	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<i>'</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
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 \blacktriangleright			
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	40b		~
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		~
41	List the states with which a copy of this return is filed ► MI			
42a	The organization's books are in care of ► Carolyn Monarch Telephone no. ► 9	989-73	2-3242	2
	Located at 125 F Main St. Gaylord MI 49735	40	735	
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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶	.20		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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 ▶	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
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	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
15-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		•

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

U-EZ (20	J20)								Pa	age 🖣
									Yes	No
								46		~
			stions 47–49b ar	nd 52, and	d com	plete the	e tab	les fo	or line	s
		nedule O to respond	to any question i	in this Parl	· VI					
	Chook if the organization accased	Todalo o to respond	to any quodicin	in this i di	. • .		• •	• •	Yes	No
						ring the	tax	47		V
Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	e E			48		1
Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?				49a		~
										d key
empi	byees) who each received more than	\$100,000 of comper	isation from the or				e, ent	er "N	one."	
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to lans, an	employee d deferred				
					•					
Comp	olete this table for the organization'	s five highest compe	ensated independe	ent contrac	_ ctors v	vho each	ı rece	ived	more	than
(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
Total	number of other independent contra	actors each receiving	over \$100.000	. ▶						
Did t	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	J				Yes		lo
							nowledg	ge and	belief,	t is
	Signature of officer				Date					
	Carolyn Monarch, Treasurer									
	Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
							yed			
Only	Firm's name									
e IRS		shown above? See i	nstructions		. Prione		▶ □	Yes		lo
	Did the to can via the can via the can via the point of the complete comple	Section 501(c)(3) Organizations All section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch Did the organization engage in lobbying year? If "Yes," complete Schedule C, Parl Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization as Complete this table for the organization's employees) who each received more than (a) Name and title of each employee Total number of other employees paid ove Complete this table for the organization's \$100,000 of compensation from the organ (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu complete of price this table for the organization's \$100,000 of compensation from the organ (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu complete of price this table of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Total number of other independent contra Total number of other employees paid ow Complete this table for the organization's Signature of officer Carolyn Monarch, Treasurer Type or print name and title Print/Type preparer's name Firm's name Firm's name Firm's name Firm's address ▶	Did the organization engage, directly or indirectly, in political of to candidates for public office? If "Yes," complete Schedule C, VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer que 50 and 51. Check if the organization used Schedule O to respond 50 and 51. Check if the organization used Schedule O to respond 50 and 51. It is the organization a school as described in section 170(b)(1)(A)(ii) Did the organization as considering in section 170(b)(1)(A)(ii) Did the organization make any transfers to an exempt non-chain ("Yes," was the related organization a section 527 organization 50 complete this table for the organization's five highest compensation by the organization of the section 527 organization of the organization of the section 527 organization of the section 520 organization of the section 520 organization of the section 520 organization of the organization	Did the organization engage, directly or indirectly, in political campaign activities to candidates for public office? If "Yes," complete Schedule C, Part I	Did the organization engage, directly or indirectly, in political campaign activities on behalf to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and 50 and 51. Check if the organization used Schedule O to respond to any question in this Part Did the organization engage in lobbying activities or have a section 501(h) election in eff year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedul Did the organization as described in section 527 organization? Complete this table for the organization's five highest compensated employees (other than employees) who each received more than \$100,000 of compensation from the organization's five highest compensation from the organization's event devoted to position Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contract \$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 Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organization completed Schedule A	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in to candidates for public office? If "Yes," complete Schedule C, Part 1	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposit to candidates for public office? If "Yes," complete Schedule C, Part 1 Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II 1 the organization activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II 1 the organization activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II 1 the organization activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II 2 the organization activities or an exempt non-charitable related organization? If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization as exempt non-charitable related organization. If there is none employees (where than officers, direct employees) who seach received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee paid over \$100,000 . ▶ Total number of other employees paid over \$100,000 . ▶ Total number of other independent contractors each receiving over \$100,000 . ▶ Total number of other independent contractors each receiving over \$100,000 . ▶ Total number of other independent contractors each receiving over \$100,000 . ▶ Total number of other independent contractors each receiving over \$100,000 . ▶ Signature of officer because of preparer (other than officer) is based on all information of which preparer has any knowledge. Prim's name because of preparer (other than o	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	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	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 1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization **GAYLORD AREA COUNCIL FOR THE ARTS** 38-2329722 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	quality arias	טו נווט נטטנט ווכ	ited belew, p	icase comple	to rait iii.j	
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						()
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	•	•	, third, fourth,	or fifth tax ye	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗌
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33		
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo zation qualifie	x and stop he	re. Explain
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	13,736	330	34,527	61,444	62,932	172,969
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	17,222	735	3,207	1,810	6,151	29,125
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						•
6		0 30,958	1.0/5	0 27 724	0	0	0
7a	Total. Add lines 1 through 5	30,936	1,065	37,734	63,254	69,083	202,094
, u	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	0	<u> </u>	0	0	0	
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						202,094
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	30,958	1,065	37,734	63,254	69,083	202,094
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	80	21	83	155	170	509
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						•
•	Add lines 10a and 10b	0 80	21	0 83	0 155	0 170	0 509
С 11	Net income from unrelated business	80	21	83	100	170	509
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	· ·					
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	31,038	1,086	37,817	63,409	69,253	202,603
14	First 5 years. If the Form 990 is for the	•	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ 🗌
	on C. Computation of Public Suppor					11	
15	Public support percentage for 2020 (line 8		•			15	99.75 %
16 Cooti	Public support percentage from 2019 Sch					16	99.7 %
	on D. Computation of Investment Inc			v lino 12 sol··	mn (f)\	17	0.05 0/
17 18	Investment income percentage for 2020 (Investment income percentage from 2019			-		18	0.25 %
19a	33 ¹ / ₃ % support tests—2020. If the organ						
130	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2019. If the organiz	_	_	-		=	_
~	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	_	_	•	-		_

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u>'</u>		
Oootii	71 217 III 1 ypo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	nsuu	CHOIL	3).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
9	•	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
<u>u</u>	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	٠.~		
е	(explain in detail in Part VI):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C—Distributable Amount	0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	sponsive	8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

name of the organization	Employer identification number
GAYLORD AREA COUNCIL FOR THE ARTS	38-2329722

GAYLORD AREA COUNCIL FOR THE ARTS

Part I, Line 16

Form: Form 990-EZ (2020) EIN: 38-2329722

Page: 1

Other Expenses Structured Explanation

Description Amount Administration 84 **Artist Commissions** 3,818 Awards 1,217 Bank Fees 694 Computer Supplies 1,193 Dues 280 Education 80 Gift Certificates 100 **Grant Expenses** 50 959 Insurance Marketing 1,252 Meals Miscellaneous 468 Musicians Fund 1,000 Office Program Supplies 864 Point of Sale Equipment 635 Strategic Planning 137 Visual Arts Expenses 301 Volunteer Recognition 19 Website Internet 29 Workshop Commissions 1,528

Total: 14,708 Schedule O, Statement 2

GAYLORD AREA COUNCIL FOR THE ARTS

Form: **Form 990-EZ (2020)** EIN: **38-2329722**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The purpose of the Gaylord Area Council for the Arts is to enrich the community through sponsorship and promotion of arts and cultural events and performances, and to support the creativity and art education of youth in the community.

Schedule O, Statement 3

GAYLORD AREA COUNCIL FOR THE ARTS

Form: Form 990-EZ (2020) EIN: 38-2329722

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

teaching 22 attendees. Held a 10-week virtual social gathering with 55 attendees to discuss art. Held a 10-week virtual social gathering with 83 attendees showing their work. Held 12 weeks live social gatherings so artists can share their work with other artists.