990

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Governance

Activities &

Revenue

or

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24D Employer identification number C Name of organization Check if applicable: Address change Flint Institute of Music Doing business as 38-6159482 Name change Number and street (or P.O. box if mail is not delivered to street address) 810-238-1350 1025 East Kearsley Street Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Flint MI 48503 22,548,451 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending Jessica Carlo 1025 East Kearsley St H(b) Are all subordinates included? Flint MΙ 48503 If "No," attach a list. See instructions X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: www.thefim.org Website: H(c) Group exemption number X Corporation Trust Other L Year of formation: 1966 Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: 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) 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 24 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 628 6 Total number of volunteers (estimate if necessary) 193 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 Current Year 8 Contributions and grants (Part VIII, line 1h) 7,780,820 10,528,903 9 Program service revenue (Part VIII, line 2g) 2,926,639 3,644,922 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,502,177 1,706,962 275,392 245,916 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,485,028 16,126,703 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 343,820 416,238 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,734,230 7,454,723 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,301,422 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,459,811 8,339,225 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,537,861 16,210,186 -83,<u>483</u> -2,052,833 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 35,411,951 38,832,566 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 189,866 1,370,013 22 Net assets or fund balances. Subtract line 21 from line 20 462,553 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. Signature of officer Sign VP, Fin. & Admin, Here Jessica Carlo Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid Jennifer Watkins 04/05/25 self-employed P01302003 Preparer Yeo & Yeo, P.C. 38-2706146 Firm's name Firm's EIN **Use Only** 4468 Oak Bridge Dr. Flint, MI 48532-5422 810-732-3000 May the IRS discuss this return with the preparer shown above? See instructions Yes

Form 990 (2023) Flint Institute of Music

Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TRANSFORMING LIVES THROUGH A LIFELONG CONTINUUM OF WORLD-CLASS MUSIC,	
	THEATRE, AND DANCE.	
		
	•	
	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 900 or 900,F72	Z No
	If "Yes," describe these new services on Schedule O.	7 140
2		
3		7
	······································	7 NO
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4	a (Code:) (Expenses \$ 3,692,678 including grants of \$) (Revenue \$ 1,010,75	98)
-	The largest community school of the arts in Michigan, serving nearly 4,00	0
	students annually, FIM Flint School of Performing Arts provides a	
	welcoming, nurturing environment where students of all ages and stages ca	n
	discover their own unique path in their study of the performing arts. Hom	
	to more than a dozen performance ensembles, including the Flint Youth	· · · · · · ·
	Theatre, Flint Youth Symphony Orchestra, and Flint Youth Ballet, FSPA giv	
		es
	more than 200 recitals, concerts and performances throughout the year.	
4	b (Code:) (Expenses \$ 2,128,198 including grants of \$) (Revenue \$ 63,3	91)
-	The lone professional theatre for more than 70 miles, Flint Repertory	
	Theatre is dedicated to providing the city of Flint and surrounding	
	communities with highly imaginative, thought-provoking theatre that is	
	challenging, entertaining and inspiring for all ages. Daring and	
	insightful, Flint Rep's public performances, school matinees, and classes	
	serve audiences of all age demographics, with acting and theatre-making	<i>!</i>
	opportunities for adults.	
	c (Code:) (Expenses \$ 2,563,905 including grants of \$) (Revenue \$ 297,8	54.)
	Currently in its 108th year of programming, FIM Flint Symphony Orchestra	
	enchants audiences and brings a spectrum of masterworks to life through a	n
	annual 6-concert Classical Series, Holiday Pops, and Music Around Town. O	
	of the longest consistently performing orchestras in the nation,	
	professional musicians from across North America travel to Flint for the	
	opportunity to perform with the FSO.	
	opportunitor to periorm wron one ibo.	
	•	
4	d Other program services (Describe on Schedule O.)	
	(Expenses \$ 5,647,742 including grants of \$) (Revenue \$ 2,272,879)	
4	• Total program service expenses 14 032 523	

Form 990 (2023) Flint Institute of Music 38-6159482 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3,7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_V
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		X
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voa" complete Schodule D. Port I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	i i		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		\ ₃₂
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h	v	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		<u> </u>
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$400,000 as mare? If "Vae" complete Schedule F. Porte Land IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Χ 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Χ 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. . Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 153 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax												
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	628										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at												
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X							
b	If "Yes," enter the name of the foreign country												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	count	s (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?												
6a													
	organization solicit any contributions that were not tax deductible as charitable contributions?												
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or											
_	gifts were not tax deductible?			6b									
7	Organizations that may receive deductible contributions under section 170(c).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		_	7.7								
				7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l _		٦,							
	required to file Form 8282?			7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		v							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			7e 7f		X							
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?												
g	If the organization received a contribution of qualified intellectual property, and the organization file 1 offin does as required: If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?												
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the												
Ü	sponsoring organization have excess business holdings at any time during the year?												
9	Sponsoring organizations maintaining donor advised funds.			8									
a	Did the appropriate experientian make any toyohla distributions under costing 40662			9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b									
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12	10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:												
а	Gross income from members or shareholders	11a											
b	Gross income from other sources. (Do not net amounts due or paid to other sources												
	against amounts due or received from them.)	11b											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?			13a									
	Note: See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which												
	the organization is licensed to issue qualified health plans	13b											
С	Enter the amount of reserves on hand	13c											
14a				14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or				,.							
	excess parachute payment(s) during the year?			15		X							
	If "Yes," see instructions and file Form 4720, Schedule N.					7.7							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	?	16		X							
	If "Yes," complete Form 4720, Schedule O.												
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity												
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17									
	If "Yes," complete Form 6069.												

Form 990 (2023) Flint Institute of Music 38-6159482 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ______ 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a Other officers or key employees of the organization 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Jessica Carlo 1025 East Kearsley St

810-238-1350

MI 48503

Flint

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

0.00 | x |

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	, director, or trustee.				
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or in in Office y office of the drive of the control	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and

	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Christopher Este	S									
۵۱ ا	1.00	37		3,7				0	0	
Chair (2) Essence Wilson	0.00	X		X				0	0	0
(2) ESSETCE WIISOII	1.00									
Vice Chair	0.00	X		X				0	0	0
(3) Thomas Lillie										
	1.00									
Treasurer	0.00	X		X				0	0	0
(4) Patti Higgins	1.00									
Secretary	0.00	X		X				0	0	0
(5) Alfred Bruce Bra										
	1.00									
Trustee	0.00	X						0	0	0
(6)Jill Carr	1 00									
	1.00	٦,							^	0
Trustee (7) Wallace Dawson	0.00	X						0	0	<u> </u>
(i) Wallace Dawson	1.00									
Trustee	0.00	X						0	0	0
(8) Sonja Feist-Pric										
	1.00								_	_
Trustee	0.00	X						0	0	0
(9) Lynne Hurand	1.00									
Trustee	0.00	X						0	0	0
(10) Richard King	0.00	125						0	0	
(, , , , , , , , , , , , , , , , , , ,	1.00									
Trustee	0.00	X						0	0	0
(11)Mark Plucer										
<u></u>	1.00									

0

0

Trustee

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpı	oyee	es, a	nd Hignest Compensated	Employees (continuea)				
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated a of othe	er	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization ga	ne n and	s
(12) Rama Rao													
(12)	1.00												0
Trustee (13) John Koegel	0.00	X						0	0				0
(13)	1.00												
Immediate Past Chair	0.00	Х		Х				0	0				0
(14) Esther Wynder													
(14) Trustee	1.00	X						0	0				0
(15) Townes Osborn		1^						0	0				0
(15)	1.00												
Trustee	0.00	X						0	0				0
(16) Janice Sova	1 00												
(16)	1.00	X						0	0				0
Trustee (17) DJ Trela	0.00	<u> </u>						0	0				0
(17)	1.00												
Trustee	0.00	X						0	0				0
(18) Toyia Turner	1 00												
(18) Trustee	1.00	X						0	0				0
(19) Daniel Moilar		^						U	0				
(19)	1.00												
Trustee	0.00	X						0	0				0
1b Subtotal								652,284			1 (00,!	57g
c Total from continuation sheed d Total (add lines 1b and 1c)								652,284					578
2 Total number of individuals (ind	cluding but not li	mited							\$100,000 of				
reportable compensation from	the organization		<u> </u>									Yes	No
3 Did the organization list any fo	rmer officer, dire	ector	, trus	stee,	key	emp	loye	e, or highest compensated					Х
employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line	complete Sched	of re	<i>I for</i> porta	<i>sucn</i> able	i <i>ind</i> i comi	<i>ividua</i> pens	a <i>l</i> ation	and other compensation fr	om the		3		Λ
organization and related organ	nizations greater	than	\$15	0,00	0? <i>It</i>	"Yes	s," c	omplete Schedule J for suc	h			v	
individual5 Did any person listed on line 1	a receive or acc		comr	ensa	ation	from	anı	v unrelated organization or	individual		4	X	
for services rendered to the or											5		Χ
Section B. Independent Contracto													
1 Complete this table for your fix compensation from the organization										ır.			
Name and	(A) business address							Descript	(B) tion of services		Cor	(C) mpensat	ion
								·					
							_						
							\vdash			-			
							L						
2 Total number of independent of received more than \$100,000							thos	e listed above) who					
THE HOLD THAN \$100 (00)	OL COMPANSATION	ILUU	ı ırı≏	Orce	コロリフタ	4HOD			()				

Form 990 (2023) Flint Institute of Music

Part VIII Statement of Revenue

Pa	irt V			ot Revenue edule O conta	ains a	respor	nse or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated camp	aigns		1a						
irai our	b	Membership due	es		1b						
s, (Am	С	Fundraising ever	nts		1c		81,724				
3ift Iar	d	Related organiza	ations		1d						
s, (imi	е	Government grants (co			1e	4	,807,870				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	ot include	ants, ed above	1f	5	,639,309				
rrib Ott	g	Noncash contributions lines 1a-1f			1g	s	60,002				
Cor and	h	Total. Add lines						10,528,903			
							Business Code	.,,			
a)	2a	Ticket Sale	es				611600	2,243,772	2,243,772		
vic	b						711190	1,003,298	1,003,298		
Ser Jue	C	Concessions					722210	319,282	319,282		
am	d			d Rent Income			532000	78,570	78,570		
Program Service Revenue	e							10,010	,		
Pr	f	All other progran		vice revenue							
		Total. Add lines						3,644,922			
	3							0,000,000			
	3 ,					-		977,145	977,145		
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds				2 , = ==	,					
	5	Royalties				'					
				(i) Real			Personal				
	6a	Gross rents	6a	.,		()					
	b	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c								
	d	Net rental incom		loss)							
		Gross amount from	0 0. ((i) Securities			i) Other				
		sales of assets other than inventory	7a	7,118,		<u> </u>	,				
ө	h	Less: cost or other		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,2						
Revenue	_	basis and sales exps.	7b	6,389,	075						
eve	c	Gain or (loss)	7c	729							
		Net gain or (loss				1		729,817	729,817		
Other		Gross income from						, _ , , , , , , , , , , , , , , , , , ,	, 25 , 62 .		
٥		(not including \$									
		of contributions rep									
		1c). See Part IV, lin			8a		41,349				
	b	Less: direct expe			8b		32,673				
	C	Net income or (le						8,676			8,676
		Gross income from		_				, , , ,			
		activities. See Pa	-	•	9a						
	b	Less: direct expe			9b						
		Gross sales of ir	,	0 0							
		returns and allow		•	10a						
	b	Less: cost of goo			10b						
		Net income or (le			$\overline{}$						
		(-,		.,		Business Code				
Miscellaneous Revenue	11a	Misc.					541800	237,240	237,240		
ane	b						,	,			
e ele	С										
Alist R	d	All other revenue									
_		Total. Add lines						237,240			
		Total revenue.						16,126,703	5,589,124	0	8,676

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).													
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6h, 7h (A) (B) (C) (D)												
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising								
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses								
1	Grants and other assistance to domestic organizations												
	and domestic governments. See Part IV, line 21												
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22	416,238	416,238										
3	Grants and other assistance to foreign												
	organizations, foreign governments, and												
	foreign individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	408,233	326,586	32,659	48,988								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	5,925,907	4,704,151	484,225	737,531								
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)	52,645	29,976	13,686	8,983								
9	Other employee benefits	582,885	456,506	59,841	66,538								
10	Payroll taxes	485,053	388,476	36,884	59,693								
11	Fees for services (nonemployees):	,	,	,	· · ·								
а	Management												
b	Legal												
С	Accounting												
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
f	Investment management fees												
q	Other. (If line 11g amount exceeds 10% of line 25, column												
Ū	(A) amount, list line 11g expenses on Schedule O.)	336,311	258,631	38,093	39,587								
12	Advertising and promotion	947,143	911,218	, , , , , ,	35,925								
13	Office expenses	1,199,652	1,141,829	34,762	23,061								
14	Information technology	347,079	268,366	28,704	50,009								
15	Royalties	- ,	, , , , , , , , , , , , , , , , , , , ,	,									
16	Occupancy	778,676	728,354	30,877	19,445								
17	Travel	- , -	-,	, -									
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	643,768	579,392	32,188	32,188								
23	Insurance	0 = 0 , , 0 0	3.2,32	22,100	22,200								
24	Other expenses. Itemize expenses not covered												
	above. (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)												
а	Artisitic Operations	2,388,281	2,388,281										
b	Shared service	600,705	540,635	30,035	30,035								
C	Repairs and Maintenance	288,963	260,520	14,418	14,025								
d	Dues and Subscriptions	143,390	96,455	21,229	25,706								
		665,257	536,909	18,640	109,708								
25		16,210,186	14,032,523	876,241	1,301,422								
	Joint costs. Complete this line only if the	10,210,100	11,002,020	0,0,211	1,001,122								
	organization reported in column (B) joint costs												
	from a combined educational campaign and												
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)												
DAA	10110WILING DOI 70-2 (MDC 700-120)				F 000 (0000)								

Pa	art >	Balance Sheet						
		Check if Schedule O contains a response or not	te to ar	ny line	e in this Part X			
						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest-bearing				2,545,315	1	2,031,751
	2	Savings and temporary cash investments				4,505	2	5,165
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				624,271	4	1,087,705
	5	Loans and other receivables from any current or former	er offic	er, di	rector,			
		trustee, key employee, creator or founder, substantial	contrib	outor,	or 35%			
		controlled entity or family member of any of these pers	sons .				5	
	6	Loans and other receivables from other disqualified pe	ersons	(as	defined			
ţs		under section 4958(f)(1)), and persons described in se					6	
Assets	7	Notes and loans receivable, net					7	
Ř	8					41,693	8	48,562
	9	Prepaid expenses and deferred charges	,	,		237,094	9	352,435
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	1	0a	12,783,014			
	b	Less: accumulated depreciation	ட	0b	6,959,115	5,957,710	10c	5,823,899
	11	Investments—publicly traded securities		24,338,753	11	27,715,371		
	12	Investments—other securities. See Part IV, line 11			12			
	13	Investments—program-related. See Part IV, line 11			13			
	14	Intangible assets		25,753	14	25,753		
	15	Other assets. See Part IV, line 11				1,636,857	15	1,741,925
	16	Total assets. Add lines 1 through 15 (must equal line	33)			35,411,951	16	38,832,566
	17	Accounts payable and accrued expenses				779,304	17	816,334
	18	Grants payable					18	
	19	Deferred revenue		270,448	19	442,424		
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete Part IV	e D		21			
es	22	Loans and other payables to any current or former offi	ficer, di	irecto	r,			
ilitį		trustee, key employee, creator or founder, substantial	contrib	outor,	or 35%			
Liabilities		controlled entity or family member of any of these pers					22	
_	23	Secured mortgages and notes payable to unrelated the					23	
	24	Unsecured notes and loans payable to unrelated third					24	
	25	Other liabilities (including federal income tax, payables						
		parties, and other liabilities not included on lines 17-24	4). Con	nplete	e Part X	140 114		111 055
		of Schedule D				140,114		111,255
	26	Total liabilities. Add lines 17 through 25		 [22]		1,189,866	26	1,370,013
s		Organizations that follow FASB ASC 958, check h	nere	X				
ce		and complete lines 27, 28, 32, and 33.				240 650		6 000 060
alar	27					-348,672	27	6,922,060
A B	28	Net assets with donor restrictions				34,570,757	28	30,540,493
nuc		Organizations that do not follow FASB ASC 958, o						
F		and complete lines 29 through 33.						
ts c	29	Capital stock or trust principal, or current funds					29	
se	30	Paid-in or capital surplus, or land, building, or equipme			·		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,		24 222 225	31	27 460 552		
Ne	32					34,222,085	32	37,462,553
	33	Total liabilities and net assets/fund balances				35,411,951	33	38,832,566

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI					X						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	5,12	26,5	703						
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	5,2	10,1	186						
3	Revenue less expenses. Subtract line 2 from line 1	3		- 3	83,4	483						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	4,22	22,0	085						
5	Net unrealized gains (losses) on investments	4	4,3	35,0	076							
6	Donated services and use of facilities 6											
7	Investment expenses	7										
8	Prior period adjustments	8										
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 2	1,0	11,1	125						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line											
	32, column (B))	10	3	7,40	52,5	553						
Pa	rt XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII					Ш						
					Yes	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other											
	If the organization changed its method of accounting from a prior year or checked "Other," explain on											
	Schedule O.											
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or											
	reviewed on a separate basis, consolidated basis, or both.											
	Separate basis Consolidated basis Both consolidated and separate basis											
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a											
	separate basis, consolidated basis, or both.											
	Separate basis X Consolidated basis Both consolidated and separate basis											
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of											
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ							
	If the organization changed either its oversight process or selection process during the tax year, explain on											
	Schedule O.											
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the											
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		l	3a		Х						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the											
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b								

Form **990** (2023)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)		
(A) Name and title	(C) Position (do not check more than one box, unless person is both at officer and a director/trustee or director or director or director. (do not check more than one box, unless person is both at employee employee of notificer or director.) (do not check more than one box, unless person is both at employee employee or director.)					an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
	dotted line)	•	e			ated					
(20) Damon Ross											
(12)	1.00										
Trustee	0.00	X						0	0	0	
(21) Andrew Younge											
(13)	1.00										
Trustee	0.00	X						0	0	0	
(22) Alisha Thibod											
(14)	1.00									_	
Trustee	0.00	X						0	0	0	
(23) Rodney Lontin											
(15)	40.00			3,7				222 042	_	10 075	
President/CEO (24) Jessica Carlo	0.00	-		X				222,843	0	12,875	
(24) Jessica Carlo (16)	40.00										
VP, Fin. & Admin,	0.00			X				153,216	0	26,188	
(25) Ann Marie Van				_				155,210	0	20,100	
	40.00										
(17) Employee	0.00					Х		146,298	0	29,228	
(26) Davin Pierson						21		110/250	Ŭ	25,220	
(18)	1 40 00										
Employee	0.00					Х		129,927	0	32,287	
(27) Jeanette Mans								, ,			
(19)	1.00										
Trustee	0 00	X						0	0	0	
1b Subtotal								652,284		100,578	
c Total from continuation shee	•										
d Total (add lines 1b and 1c)											
2 Total number of individuals (ind	0		d to t	hose	e liste	ed at	ove) who received more than S	\$100,000 of		
reportable compensation from	the organization	1								Yes No	
3 Did the organization list any fo											
employee on line 1a? If "Yes,"	complete Sched	lule .	J for	such	ind	ividua	a/			3	
4 For any individual listed on line organization and related organ											
individual										4	
5 Did any person listed on line 1	a receive or acc	crue (comp	ensa	ation	from	any	y unrelated organization or	individual		
for services rendered to the or		es,"	com	olete	Sch	edule	Jf	or such person		5	
Section B. Independent Contracto											
1 Complete this table for your five compensation from the organizer										ar.	
	(A) business address								(B) tion of services	(C) Compensation	
- Namo una	Sacricos dadicos							3 000 mp		Componisation	
2 Total number of independent of	contractore (inclu	dina	hu+ ·	not li	mito	1 to 1	hoc	a listed above) who			
received more than \$100,000							103				

Га	III VII Section A. Onicers	s, Directors, Tru	Siee	3, N	ey L	-iiibi	Oyee	;5, c	ilu nignesi compensatet	continued)				
	(A) Name and title	(B) Average hours per week	off	x, unl	Pos check ess pe and a	erson i directo	than dis both	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1	from the granization ted organization	n and	8
(28 (12)	3) John Fleckens	1 00	Х						0	0				0
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b c	Subtotal Total from continuation she	ets to Part VII,	Sect	ion <i>i</i>	Α									
d 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	mited						e) who received more than \$	 \$100,000 of				
3	Did the organization list any fc employee on line 1a? <i>If</i> "Yes,"	ormer officer, dire	ector	J for	such	n ind	ividu	al .				3	Yes	No
4	For any individual listed on line organization and related organindividual	nizations greater	than	\$15	50,00	0? //	"Ye	s," c	complete Schedule J for suc	h 		4		
5	Did any person listed on line of for services rendered to the o	1a receive or acc rganization? <i>If "</i> Y	rue	comp	pens	ation	fron	n an	y unrelated organization or	individual		5		
<u>Sect</u>	Complete this table for your five compensation from the organization	ve highest compe												
		(A) d business address	Про	noati		J. U.	<u> </u>	I		(B) tion of services		Cor	(C) mpensati	on
2	Total number of independent or received more than \$100,000								se listed above) who					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Flint Institute of Music 38-6159482 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 9 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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) 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 II, Type III, Typ 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). (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Nο Yes (A) (B) (C) (D)

(E)

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support							
Calenc	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 3							
	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							
	ion B. Total Support							
	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
	Amounts from line 4							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Net income from unrelated business activities, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10							
	Gross receipts from related activities, etc.	(see instructions)		•		•	12	
	First 5 years. If the Form 990 is for the or							
	organization, check this box and stop here	-)						
Sect	ion C. Computation of Public Su	ipport Percen						<u> </u>
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, colum	n (f))			14	%
	Public support percentage from 2022 Sche		. 4.4				15	%
16a	33 1/3% support test — 2023. If the organ	nization did not che						
	box and stop here. The organization quali	fies as a publicly s	supported organiza	tion				
b	33 1/3% support test — 2022. If the organ	nization did not che	eck a box on line 1					_
	this box and stop here. The organization of	qualifies as a publi	cly supported orga	nization				
17a	10%-facts-and-circumstances test — 20	23. If the organiza	tion did not check					
	10% or more, and if the organization meets	s the facts-and-circ	umstances test, cl	neck this box and	stop here. Explain	in		
	Part VI how the organization meets the fac	cts-and-circumstand	ces test. The organ	nization qualifies as	s a publicly suppor	ted		
	organization							
b	10%-facts-and-circumstances test — 20							
	15 is 10% or more, and if the organization				-			
	in Part VI how the organization meets the	facts-and-circumsta	ances test. The or	ganization qualifies	as a publicly supp	orted		
	organization							
18	Private foundation. If the organization did							_
	instructions							L

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.)

Sec	tion A. Public Support	quamy arraer t		, p. ca.co	op.oto : a	,		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	, ,		, ,		.,
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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u>Sac</u>	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2020	(6) 2021	(4) 2022	(0) 202		(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	and 12.) First 5 years. If the Form 990 is for the or	canization's first s	econd, third, fourth	. or fifth tax vear a	s a section 501(c)(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public S	upport Percer	ntage					
15	Public support percentage for 2023 (line 8,	, column (f), divide	d by line 13, colum	n (f))			15	%
16	Public support percentage from 2022 Sche						16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2023 (li	ine 10c, column (f)	, divided by line 13	, column (f))			17	%
18	Investment income percentage from 2022						18	%_
19a	33 1/3% support tests — 2023. If the org							
	17 is not more than 33 1/3%, check this bo		=					\square
b	33 1/3% support tests — 2022. If the org							
	line 18 is not more than 33 1/3%, check th	•	•		, ,,	· ·		_
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruction	ons		

Supporting Organizations

(Complete only if you checked a box on 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.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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.
 - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
Oc!	10b	\	990) 2023
sche	eaule A	(Form 9	990) 2023

Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			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		
Secti	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			
Cooti	the supported organization(s).	1		
Secti	on D. All Type III Supporting 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	4		
2	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 on line 2, above, did the organization's supported organizations have			
3	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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
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 instruc	tions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a **a** Average monthly value of securities 1b **b** Average monthly cash balances 1c **c** Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2023

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of support	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ils 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 which the organization	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

061072520 04/05/2025 2:47 PM Flint Institute of Music 38-6159482 Schedule A (Form 990) 2023 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.)

DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Flint Institute of Music

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
or more (in more	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 oney or property) from any one contributor. Complete Parts I and II. See instructions for determining a otal contributions.						
Special Rules							
regulations und 16b, and that re	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the nder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, duri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, dur contributions to during the year General Rule	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such totaled more than \$1,000. If this box is checked, enter here the total contributions that were received are for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions 0 or more during the year \$						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Page 2

Name of organization
Flint Institute of Music

Employer identification number 38-6159482

г. т т т т	c institute of Music	30	-0139 1 02
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Charles Stewart Mott Foundation 503 S Saginaw St Ste. 1200 Flint MI 48502	\$ 2,451,993	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	Community Foundation of Greater Flin 500 S Saginaw St. Ste. 200 Flint MI 48502	\$ 1,112,838	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3	Flint Cultural Center Corp. 601 E. Second St. Flint MI 48503	\$ 4,807,870	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2023
Open to Public Inspection

Employer identification number Name of the organization Flint Institute of Music 38-6159482 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2023 Flint	Institute of	Music	38-6	159482	Page 2				
Part III Organizations Mainta	ining Collections of A	Art, Historical Tre	easures, or Othe	r Similar Ass	sets (continued)				
3 Using the organization's acquisition, ac collection items (check all that apply).	cession, and other records,	check any of the follow	wing that make signific	ant use of its					
a Public exhibition	d \square L	oan or exchange prog	ıram						
b Scholarly research	$oldsymbol{H}$								
c Preservation for future generations									
4 Provide a description of the organization		now they further the or	ganization's exempt p	urpose in Part					
XIII.		-		a.pood a.t					
5 During the year, did the organization so					п., п.,				
assets to be sold to raise funds rather		art of the organization's	collection?		Yes No				
	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
990, Part X, line 21.			·						
1a Is the organization an agent, trustee, c		•			☐ Yes ☐ No				
included on Form 990, Part X?	rt VIII and complete the follo	wing table			Tes NO				
b ii res, explain the allangement in Fa	it Alli and complete the folic	owing table.			Amount				
Pegipping balance				1c	Amount				
d Additions during the year				1a					
e Distributions during the year				1e					
f Ending balance	ton Form 000 Port V line (24 for approve or avota	dial account liability?		Yes No				
2a Did the organization include an amount									
b If "Yes," explain the arrangement in Par Part V Endowment Funds	it Alli. Check here if the exp	nanation has been pro-	vided on Part Alli						
Complete if the organiz	ration answered "Ves"	on Form 990 Par	t IV line 10						
Complete ii the organiz	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	pack (e) Four years back				
1a Reginging of year balance		33,020,955	34,203,009	28,318,					
1a Beginning of year balance	• -	33,020,333	31,203,005	20,310,	27,311,030				
b Contributionsc Net investment earnings, gains, and									
lanana	-5,111,294	-1,410,601	-205,698	6,799,	521 1,876,907				
losses		-989,266	-976,356						
d Grants or scholarships	1,040,710	- 303,200	-970,330	-91J,	110 -1,102,333				
e Other expenditures for facilities and									
programs									
f Administrative expenses		30,621,088	33,020,955	34,203,	009 28,318,604				
g End of year balance2 Provide the estimated percentage of th				34,203,	009 20,310,004				
a Board designated or quasi-endowment		(line rg, column (a)) n	eiu as:						
b Permanent endowment 94.0 c Term endowment %	U. 70								
	20 abould agual 1009/								
The percentages on lines 2a, 2b, and 2 3a Are there endowment funds not in the		on that are hald and a	desiniatored for the						
	possession of the organization	on that are new and a	aministered for the		Yes No				
organization by:									
(ii) Deleted examinations?					20(ii) V				
b If "Yes" on line 3a(ii), are the related or					3b				
4 Describe in Part XIII the intended uses		ment funds.							
Part VI Land, Buildings, and		on Form 000 Por	+ I\/ lina 11a Sac	Form 000 B	tort V line 10				
Complete if the organiz									
Description of property	(a) Cost or other ba (investment)	asis (b) Cost or of (other		Accumulated epreciation	(d) Book value				
4a Lond		tottle	, ue	,p. 301011011					
1a Land									
b Buildings		10 50	22 200 -	EUE 200	E 076 001				
c Leasehold improvements				,505,309 453,906	5,076,891				
d Equipment		۷,۷۱	00,814 1	<u>, 453 , 806</u>	747,008				
e Other		V line 100 col: (D)	<u> </u>		E 000 000				
Total. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part)	k, iine 10c, column (B)	/		5,823,899				

Pane	3
raue	

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part (c) Method of valua	
	(including name of security)	(b) book value	Cost or end-of-year man	
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(A) Other				
(A)				
(B)				
/⊔\				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII				
	Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11c. See Form 990. Part	X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			+	
(9)	nn (b) must equal Form 990, Part X, line 13, col. (B))			
otal. (Colum				
Part IX				
Part IX	Other Assets	 on Form 990, Part IV, lir	ne 11d. See Form 990. Part	X. line 15.
Part IX		n Form 990, Part IV, lir	ne 11d. See Form 990, Part	X, line 15.
	Other Assets Complete if the organization answered "Yes" of	n Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1) (2)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lir	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lin	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" of	 on Form 990, Part IV, lin	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" of (a) Description	 on Form 990, Part IV, lin	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets Complete if the organization answered "Yes" of (a) Description (a) Description on (b) must equal Form 990, Part X, line 15, col. (B))	on Form 990, Part IV, lin	ne 11d. See Form 990, Part	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" of (a) Description (a) Description Other Liabilities			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets Complete if the organization answered "Yes" of (a) Description (a) Description On (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" of (a) Description (a) Description Other Liabilities	on Form 990, Part IV, lir		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liab	on Form 990, Part IV, lir		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabiliticome taxes	on Form 990, Part IV, lir		(b) Book value), Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabiliticome taxes	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federa (2) Open (3) Open	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federa (2) Oper (3) Oper (4)	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federa (2) Oper (3) Oper (4) (5)	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Oper (3) Oper (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value 0, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federa (2) Oper (3) Oper (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" of (a) Description on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" of line 25. (a) Description of liabilities are along the line asset obligation, net	on Form 990, Part IV, lir		(b) Book value

Pa	Reconciliation of Revenue per Audited Financial Statem		•	turn	
1	Complete if the organization answered "Yes" on Form 990, Form 70 Total revenue, gains, and other support per audited financial statements			1	19,483,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>	17,703,341
	Net unrealized gains (losses) on investments	2a	4,335,076		
b		2b	_,223,0,0		
C		2c			
d		2d	-978,452		
е				2e	3,356,624
3	Subtract line 2e from line 1			3	16,126,703
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,				
b	,	4b			
С 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	16,126,703
	art XII Reconciliation of Expenses per Audited Financial Staten				
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	16,242,859
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а					
b					
C			20 (52	-	
d			32,673	1	20 672
				2e 3	32,673 16,210,186
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]			10,210,100
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,210,186
	art XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			t X, lin	ne
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	•		\	270
. P.	art XI, Line 2d - Revenue Amounts Included	Tü E.J	.nancials - () LITE	≑T
Fι	undraising expenses netted with revenue		\$		32,673
	······································				
Ξı	nvestment fees		\$		-152,918
~"					
.Cl	hange in third party trust		Ş.		134,711
C1	hange in endowment		Ś		-992,918
	<u>-</u> ,				
_		, , _		Q : -	
	art XII, Line 2d - Expense Amounts Included	ı ın F	inancials -	Oth	ner
F۱	undraising expenses netted with revenue		¢		32,673
	andrarbing expenses herred with revenue		······		

Schedule D (F	orm 990) 2023 F	'lint	Institute	of Musi	C	38-	-6159482	Page 5
Part XIII	orm 990) 2023 F Supplemental	Informa	ation (continued	d)				
								_
								• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE E (Form 990)

Schools Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Flint Institute of Music

Employer identification number 38-6159482

Pa	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
_				
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during			
	the registration period if it has no solicitation program, in a way that makes the policy known to all parts of			
	the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space,			
	use Part II	3	X	
	The policy is in all printed materials and publications.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	١.	3,7	
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	A	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
а	Admissions policies?	5b		X
b	Employment of faculty or administrative staff?	5с		Х
С		5d		Х
d	Scholarships or other financial assistance?	Ju		
_	Educational policies?	5e		X
٠	Use of facilities?	5f		Х
'		Ea		Х
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	,			
^	Done the constitution which are formation of the contract of t			37
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	
	- wow nonecommunication in the explain on that it continues the continues to the continues the continues to			

Schedule E (Fo	orm 990) 2023		Flint	Institute	of Mus	ic		38-6159482	Page 2
Part II	Supplemental Also provide a	Information.	Provide the	explanations re	equired by Par	rt I, lines 3, 4d	d, 5h, 6b, and	7, as applicable.	
•									
								•••••	
• • • • • • • • • • • • • • • • • • • •									
•									

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Flint Institute of	Mugic				Employer identificat	
Part I Fundraising Activities. Complete if		n an	swer	ed "Yes" on Form 99		
Form 990-EZ filers are not required to				ca res on ronn se	70, 1 dit 1V, iiilo	17.
1 Indicate whether the organization raised funds through ar	ny of the following	activi	ties. C	Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	Solicitation	of go	vernm	nent grants		
c Phone solicitations	g Special fur	ndraisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement wir or key employees listed in Form 990, Part VII) or entity in	th any individual (n connection with	includi profes	ng off sional	icers, directors, trustees, fundraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fur compensated at least \$5,000 by the organization.	ndraisers) pursuar			ents under which the fund	raiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
2						
3						
4						
5						
6						
7						
•						
8						
9						
10						
Total						
List all states in which the organization is registered or lice registration or licensing.				or has been notified it is e	xempt from	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts g	reater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Seeing Stars! (event type)	Wine Dinner (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	54,849	47,791	20,433	123,073
	2 Less: Contributions	35,652	32,791	13,281	81,724
	3 Gross income (line 1 minus line 2)	19,197	15,000	7,152	41,349
	4 Cash prizes				
	5 Noncash prizes				
sesu	6 Rent/facility costs				
ot Expenses	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses	7,772	15,421	9,480	32,673
	10 Direct expense summary.	Add lines 4 through 9 in column (d)))		32,673 8,676
P	Part III Gaming. Comp	plete if the organization answ	vered "Yes" on Form 990, P	art IV. line 19. or report	
		m 990-EZ, line 6a.			
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
es	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)		
	8 Net gaming income summ	ary. Subtract line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the	organization conducts gaming acti	ivities:		
	Is the organization licensed to	conduct gaming activities in each	of these states?		Yes No
40-			ded or terminated during the toy w		
	If "Yes," explain:	gaming licenses revoked, suspend	ded, or terminated during the tax y	ear?	Yes No

Sche	dule G (Fo	rm 990) 2023	Flint Ins	stitut	e of Mu	sic	38-6159482			F	Page	3
11	Does the									Yes	1	No
12	Is the org	anization a grantor,	beneficiary or trus	tee of a tr	ust, or a membe	er of a partnership or other enti	ty				_	
	_	_								Yes		No
13		he percentage of g							ш		_	
а			•					13a			%	
b	An outsid	e facility						13b			%	
14	Enter the	name and address	of the nerson who	nrenares	the organization	n's gaming/special events bool	ke and	[100]				<u>'</u>
17	records:	name and address	or the person with	o proparoc	s the organization	113 garriing/special events bool	to and					
	records.											
	Nama											
	name											
	A -l -l											
	Address											
	5											
15a		•				organization receives gaming					П.	
	revenue?								Ш	Yes	г	No
b						n \$	and the					
		f gaming revenue r	•		\$							
С	If "Yes," e	enter name and add	dress of the third pa	arty:								
	Name											
	Address											
16	Gaming I	manager information	n:									
	Name											
	Gaming I	manager compensa	ation \$									
	Description	n of services provi	ided									
	Direc	ctor/officer	Employee		Independer	nt contractor						
17	Mandator	y distributions:										
а	Is the org	anization required u	under state law to	make cha	ritable distribution	ns from the gaming proceeds	to					
	retain the	state gaming licen	se?							Yes	1	No
b	Enter the	amount of distribut	ions required unde	r state lav	v to be distribute	d to other exempt organization	ns or				_	
		he organization's ov				\$						
Pa	rt IV	Supplemental	Information.	Provide	the explanat	ions required by Part I, I	ine 2b, columns (iii)	and (v); an	d		_
		Part III, lines 9	, 9b, 10b, 15b,	15c, 16	i, and 17b, as	s applicable. Also provide	e any additional info	rmation	١.			
		See instruction					•					
												_
												• •
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							Sch	edule G	(rorr	n 990	1) 202	23

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	ů	3.5							entification number	
Part I	Flint Institute of General Information on Grants and							38-61	59482	
1 Doe	s the organization maintain records to substantiate the selection criteria used to award the grants or assistant cribe in Part IV the organization's procedures for monitorial cribe in Part IV the organization's procedures for monitorial cribes in Part IV the organization of the critical criteria.	e amount of the gr			eligibility for the grants	or assistance, and			. Yes	X No
Part II	Grants and Other Assistance to Do Part IV, line 21, for any recipient that							nswered '	'Yes" on Forr	n 990,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of o	-
(1)						,				
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Tuition Assistance	415	311,559		FMV	
2 Merit Scholarship	100	104,679		FMV	
3					
4					
5					
6					
7					
Part IV Supplemental Information.	Provide the information re	equired in Part I, line	2; Part III, column (b); and any other additional	information.
Part IV - Additional Info	ormation				
MERIT SCHOLARSHIPS ARE AW	ARDED BASED ON	STUDENT'S PER	FORMANCE. DUI	RING	
AUDITIONS THEY ARE JUDGED	BASED ON CATEG	ORIES OF MUSI	CIANSHIP, WIT	ГН ТНЕ	
HIGHEST SCORES BEING AWAR	DED SCHOLARSHIP	FUNDS. TUITI	ON ASSISTANCE	I IS	
DETERMINED BY NEED FACTOR	S. THE APPLICAN	T INFORMATION	AND DOCUMENT	PATTON TO	
INPUTTED INTO THE SOFTWAR	E USED BY COLLE	GES AND UNIVE	RSITIES TO D		
FINANCIAL AID AMOUNT OF F	'UNDS AVATIABLE	WHTCH ARE DET	ERMINED BY P	F.R.F.ORMTNG	
ARTS DIRECTOR AND CEO LEV				ON NEFD	
				ON 11111D.	
SCHOLARSHIPS ARE APPLIED	TO EACH AWARDEE	'S ACCOUNT AS	A CREDIT.		

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Flint Institute of Music

Employer identification number 38-6159482

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	. 6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	. 9	1	1

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	and/or 1099-MISC and/or 1		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Rodney Lontine	(i)	222,843	0	(0	12,875	235,718	(
1 President/CEO	(ii)	0	0	(0	0	0	(
Jessica Carlo	(i)	153,216	0	(4,645	21,543	179,404	(
2 VP, Fin. & Admin,	(ii)	0	0	(0	0	0	(
Ann Marie Van Duyne	(i)	146,298	0	(0	29,228	175,526	(
3 Employee	(ii)	0	0	(0	0	0	(
Davin Pierson Torre	(i)	129,927	0	(3,931	28,356	162,214	
4 Employee	(ii)	0	0	(0	0	0	
	(i)	•						
5	(ii)							
	(i)	•						
6	(ii)							
	(i)	•						
7	(ii)							
	(i)	•						
8	(ii)							
	(i)	•						
9	(ii)							
	(i)	•						
0	(ii)							
	(i)	•						
1	(ii)							
	(i)	•						
2	(ii)							
	(i)	•						
3	(ii)							
	(i)	• • • • • • • • • • • • • • • • • • • •						
4	(ii)							
	(i)	• • • • • • • • • • • • • • • • • • • •						
5	(ii)							
	(i)							
6	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Attach to Form 990.

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

2023

<u>2023</u>

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Flint Institute of Music

Employer identification number 38-6159482

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution	Method of determining			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art			, ,				
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Materials)	X	1	5,920				
26	Other (Lease)	X	1	54,082				
27	Other ()							
28	Other (
29	Number of Forms 8283 received by	the organiz	ation during the tax year	for contributions for				
	which the organization completed Fo	rm 8283, I	Part V, Donee Acknowle	dgement	29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any propert	y reported in Part I, lines 1	through			
	28, that it must hold for at least 3 year							
	used for exempt purposes for the en		period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	olicy that requires the re	view of any nonstandard				
						31	\longmapsto	<u>X</u>
32a	Does the organization hire or use thi		<u>-</u>	•				
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an an	nount in co	lumn (c) for a type of pro	pperty for which column (a)	is checked,			
	describe in Part II.							

Schedule M (For	m 990) 2023 Fli	nt Institu	ıte of Mı	ısic		8-6159482		Page 2
Part II	the organization		Part I, colum	n (b), the nun	nber of contribu	utions, the numb	and 33, and whe per of items rece	
	or a combination	71 OI DOUI. 7430	complete tille	part for arry	additional inion	madon.		
_								
•								
	• • • • • • • • • • • • • • • • • • • •							

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Open to Inspect
Inspect

Open to Public Inspection

Name of the organization

Flint Institute of Music

Employer identification number 38-6159482

Form 990 - Organization's Mission or Most Significant Activities Flint Institute of Music (FIM) awakens and nurtures the creative lives of children, youth and adults. We strive to be a trusted guide through the richly diverse world of the performing arts, and a cornerstone of community connection, wellness and pride. Form 990, Part III, Line 4d - All Other Accomplishments Whiting Auditorium - At the helm of the Flint arts and culture landscape since opening in October 1967, the James H. Whiting Auditorium is the premier entertainment venue of the Greater Flint community. Home of the Flint Symphony Orchestra, this 2,043-seat theater annually hosts The Whiting Presents, featuring Broadway hits, touring musical and dance groups, and guest artists from around the world. Capitol Theatre - Celebrating 40 years on the National Register of Historic Places this January, Flint's 97-year-old Capitol Theatre is a fully restored 1,560-seat theatre in the heart of downtown Flint showcasing a diverse mix of emerging talent, community events, popular and classical music, comedy acts, film screenings, contemporary and modern dance, spoken word, and theater works that play to the strengths of its intimate auditorium and new flexible performance spaces. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A DRAFT OF THE FORM 990 WAS PRESENTED TO THE BOARD AND FINANCE COMMITTEE

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number 38-6159482 Flint Institute of Music Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND ANY PERSON WITH A CONFLICT OF INTEREST IS REQUIRED TO ABSTAIN FROM VOTING WHERE THE CONFLICT EXISTS. Form 990, Part VI, Line 15a - Compensation Process for Top Official RESEARCH OF SIMILAR ORGANIZATIONS WITHIN THE STATE FOR THE RESPECTIVE POSITIONS IS PERFORMED AND EXECUTIVES ARE EVALUATED AGAINST OTHER ORGANIZATIONS' 990 DATA ANNUALLY IN JULY. THE INFORMATION IS PRESENTED TO THE BOARD CHAIR AND TO THE PRESIDENT FOR THE CEO AND ALL OTHER STAFF, RESPECTIVELY. THE INFORMATION IS EVALUATED AND RECOMMENDATIONS ARE MADE AND PUT INTO ACTION WHEN THE BUDGET IS APPROVED BY THE BOARD ANNUALLY IN MAY. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation PUBLIC VIEWING COPIES OF THE GOVERNING DOCUMENTS, ORGANIZATION POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE IN THE FINANCE OFFICE, AT BOARD MEETINGS, AND AT THE ANNUAL MEETING. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Fundraising expenses netted with revenue \$ 32,673 Investment fees \$ -152,918 Change in third party trust \$ 134,711 Change in endowment \$ -992,918 Fundraising expenses netted with revenue \$ -32,673 Total \$ -1,011,125 Page 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							Employer ider	tification numbe	er
Flint Institute of Music							38-6159	482	
Part I Identification of Disregarded Entities. Complete if the o	organization ansv	wered "Yes" on F	orm 990,	Part IV	, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	(c) I domicile (state preign country)		(d) income		(e) year assets	(f) Direct contentity	
(1)									
(2)	+								
	••								
(3)									
(4)									
(5)									
Part II Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	complete if the or tax year.	rganization answ	ered "Yes'	" on Fo	rm 990, Pa	rt IV, line	e 34, becaus		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code		(e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section 5 controlled Yes	g) 512(b)(13) d entity?
(1) Flint Inst of Music Irrev Endowment									
PO Box 609 38-6674101 Pittsburgh PA 15230	Endowment	MI	5010	13	12b	l N	I/A		X
(2)							•		
(3)									
	I								
(4)									
(5)									
	<u> </u>								

Part III	Identification of Related Organizati because it had one or more related o	ons Taxable rganizations t	as a reated	Partnership. d as a partner	Complete if the ship during the	e organization tax year.	on answe	ered "Yes" o	n Fo	rm 9	990, Pa	rt IV, line	34,		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al	(g) Share of end-of- year assets	Dis porti allo	h) pro- onate oc.?	amour of Sch	(i) e V—UBI at in box 20 nedule K-1 rm 1065)	Genera manag partne	or Perd ng OWI r?	(k) centage nership
(1)									103	110			103		
(2)															
(3)															
(4)															
Part IV	Identification of Related Organization in 34, because it had one or more r	ons Taxable elated organiz	as a zation:	Corporation s treated as a	or Trust. Com corporation or	plete if the trust during	organizat	ion answere	ed "Y	es"	on Forr	n 990, P	art IV	,	
	(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share	of total ome		(g) Share of year	of assets	(h) Percent owners	age	512i con er	(i) ection (b)(13) trolled htity?
(1)														Yes	No
•															
(2)															
(3)															
(4)															

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
	During the tax year, did the organization engage in any of the following transactions with one or more related organization											
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х					
b	Gift, grant, or capital contribution to related organization(s)				1b		Х					
С	Gift, grant, or capital contribution from related organization(s)				1c	Х						
d	Loans or loan guarantees to or for related organization(s)				1d		Х					
е	Loans or loan guarantees by related organization(s)				1e		Х					
f Dividends from related organization(s)												
g Sale of assets to related organization(s)												
h Purchase of assets from related organization(s)												
i Exchange of assets with related organization(s)												
j Lease of facilities, equipment, or other assets to related organization(s)												
•					-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
					11		Х					
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
o Sharing of paid employees with related organization(s)												
n	Paimbureament noid to related arganization(c) for expanses				1p		Х					
þ	Reimbursement paid to related organization(s) for expenses				1g		X					
Ч	Reimbursement paid by related organization(s) for expenses				14							
_	Other transfer of each as assessed to related exercises (a)				4		v					
r	Other transfer of cash or property to related organization(s)				1r		X					
	Other transfer of cash or property from related organization(s)				1s							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl	- I	·									
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amou	ınt involv	ed						
	Numb of folded organization	type (a-s)	7 thount involved	Wellied of determining arrior		ou						
4			500 000	~ 1								
(1)	Flint Inst of Music Irrev Endowment	С	500,930	Cash								
(0)												
(2)												
(3)												
(4)												
(5)												
(6)												

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under			Are all partners section		(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)	_										·				

Schedule R (F	Form 990) 2023	Flint In	stitute d	of Music		38-6159482	Page 5
Part VII	Supplement	al Informatio	n.			38-6159482 R. See instructions.	
I alt VII	Provide addit	tional informati	ion for respon	ses to questior	ns on Schedule F	R. See instructions.	
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							

Form 990 Event Inco

Event Income and Deduction Worksheet

Description Cars and Bars

Taxpayer Identification Number 38-6159482

2023

Name
Flint Institute of Music

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

ncome & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	7,152	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
0. Fees for services 10.		Interest
1. Indirect Expense 11.		Insurance
2. Depreciation Expense 12.		Total Indirect Expense
3. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.		On non-investment property
—	<u>, </u>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		• • • • • • • • • • • • • • • • • • • •
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses 9,480
Legal		Total Fundraising Expense 9,480
Accounting		,
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T,		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq		First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX. Advertising Income		

Form 990 Event Income and Deduction Worksheet 2023

Description Wine Dinner

Name Flint Institute of Music Taxpayer Identification Number 38-6159482

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales1	15,000	Advertising and promotion	
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	
5. Returns and allowances 5.		Royalties & License Fees	
6. Contributions received 6.	32,791	Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	47,791	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	
10. Fees for services 10.		Interest	
11. Indirect Expense 11.		Insurance	
12. Depreciation Expense 12.		Total Indirect Expense	
13. Exempt Activity Expense 13.			
14. Fundraising Expense 14.	15,421	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 14 15.	<u> </u>	On investment property	
16. Net Income/Loss. Line 7 minus Line 15 16.	<u> </u>	On non-investment property	
To: Net income/2003. Line / minus Line 10 id.	32,370	On non-investment property	
		Amortization	
Expense Details - Cost of Goods Sold:		Depletion Expanse	
•		Total Depreciation Expense	
Beginning inventory		Function Details - Function Activity Function	_
Purchases		Expense Details - Exempt Activity Expense	
Labor		Repairs and Maintenance	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	
Expense Details - Employment Expense:		Other expenses	
Compensation of officers		Total Exempt Activity Expense	
Other salaries and wages			
Pension plan contributions		Expense Details - Fundraising Expense:	
Other employee benefits		Cash prizes	
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
		Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	
Management		Other direct expenses	15,421
Legal		Total Fundraising Expense	15,421
Accounting			
Lobbying			
Professional fundraising			
Investment management			
Other			
Total Fees for Services			
Information is indicated for use on Form 990-T, Se		Allocation of Expense to Program Service	Accomplishments:
Schedule A, UBIT Activity Code Seq #		First	
Part V, Debt Financing		Second	
Part VI, Controlled Org Income		The inval	
Part VII, Investments for C(7)(9)(17)		· · · · · · · · · · · · · · · · · · ·	
Part VIII, Exploited Activities		All other	
Part IX, Advertising Income			
L Tart IX, Advoiding modific			

Form 990 | Event

Event Income and Deduction Worksheet

Description Seeing Stars!

Taxpayer Identification Number 38-6159482

2023

Name Flint Institute of Music

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

ncome & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales1.	19,197	Advertising and promotion	
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	
5. Returns and allowances 5.		Royalties & License Fees	
6. Contributions received 6.	35,652	Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	54,849	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	
0. Fees for services 10.		Interest	
1. Indirect Expense 11.		Insurance	
2. Depreciation Expense 12.		Total Indirect Expense	
3. Exempt Activity Expense 13.			
14. Fundraising Expense 14.	7,772	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 14 15.	7,772	On investment property	
16. Net Income/Loss. Line 7 minus Line 15 16.		On non-investment property	_
		Amortization	
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense	
•		Total Depreciation Expense	_
Beginning inventory		Expense Details - Exempt Activity Expense:	
Purchases			
Labor Section 263A costs		Repairs and Maintenance	_
Section 263A costs Other costs		Bad debts	_
		Taxes/licenses	_
Ending inventory		Charitable contributions	_
Total Cost of Goods Sold		Dividend recd deductions	_
Expense Details - Employment Expense:		Readership costs	_
		Other expenses	_
Compensation of officers		Total Exempt Activity Expense	—
Other salaries and wages		Function Datable Fundacional Function	
Pension plan contributions		Expense Details - Fundraising Expense:	
Other employee benefits		Cash prizes	_
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs	_
		Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	_
Management		Other direct expenses 7,77	
Legal		Total Fundraising Expense 7,77	2
Accounting			
Lobbying			
Professional fundraising			
Investment management			
Other			
Total Fees for Services			
Information is indicated for use on Form 990-T, Schedu	le A:	Allocation of Expense to Program Service Accomplishments:	
Schedule A, UBIT Activity Code Seq #	_	First	
Part V, Debt Financing		Second	
Part VI, Controlled Org Income		Third	
Part VII, Investments for C(7)(9)(17)		All other	_
Part VIII, Exploited Activities		· · · · · · · · · · · · · · · · · · ·	_
Part IX, Advertising Income			

Direct Expenses

6 Rent/facility costs

7 Food/beverages

8 Entertainment

9 Other expenses

Fundraising Other Events SCHEDULE G 2023 (Form 990 or 990-EZ) 06/01/23 , and ending 05/31/24 For calendar year 2023, or tax year beginning Name Employer Identification Number Flint Institute of Music 38-6159482 (a) Other event (b) Other event (c) Other event (d) Total other events Cars and Bars (add col. (a) through col. (c)) (event type) (event type) (event type) Revenue 20,433 20,433 1 Gross receipts 2 Less: Charitable 13,281 13,281 contributions **3** Gross income 7,152 7,152 (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes

9,480

9,480

Form 990 Two Year Comparison Report
For calendar year 2023, or tax year beginning 06/01/23 , ending 05/31/24 2022 & 2023

Name Taxpayer Identification Number

F	lint Institute of Music				38-6	159482
			2022	2023		Differences
	1. Contributions, gifts, grants	1.	3,578,227	5,721	,033	2,142,806
	2. Membership dues and assessments	2.				
n e	3. Government contributions and grants	3.	4,202,593	4,807	,870	605,277
	4. Program service revenue	4.	2,926,639	3,644	,922	718,283
e n	5. Investment income	5.	1,251,396	977	,145	-274,251
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	250,781	729	,817	479,036
	8. Net income or (loss) from fundraising events	8.	-40,171	8	,676	48,847
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	315,563		,240	-78,323
	12. Total revenue. Add lines 1 through 11	12.	12,485,028	16,126	,703	3,641,675
	13. Grants and similar amounts paid	13.	343,820	416	,238	72,418
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	403,571	408	,233	4,662
ŝ	16. Salaries, other compensation, and employee benefits	16.	6,330,659	7,046	,490	715,831
e n	17. Professional fundraising fees	17.				
х р	18. Other professional fees	18.	796,810		,311	-460,499
Ш	19. Occupancy, rent, utilities, and maintenance	19.	808,507		,676	-29,831
	20. Depreciation and Depletion	20.	602,731		,768	41,037
	21. Other expenses	21.	5,251,763	6,580		1,328,707
	22. Total expenses. Add lines 13 through 21	22.	14,537,861	16,210		1,672,325
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-2,052,833		,483	1,969,350
	24. Total exempt revenue	24.	12,485,028	16,126	<u>,703</u>	3,641,675
_	25. Total unrelated revenue	25.				
Information	26. Total excludable revenue	26.	4,704,208	5,597		893,592
Пa	27. Total assets	27.	35,411,951	38,832		3,420,615
ģ	28. Total liabilities	28.	1,189,866	1,370		180,147
=	29. Retained earnings	29.	34,222,085	37,462	<u>, 553</u>	3,240,468
-	30. Number of voting members of governing body	30.	26	24		
Ö	31. Number of independent voting members of governing body \dots	31.	26	24		
	32. Number of employees	32.	601	628		
	33. Number of volunteers	33.	85	193		

 $\mathsf{Form}~\mathbf{990T}$

Name

Two Year Comparison Report

06/01/23 05/31/24 For calendar year 2023, or tax year beginning , ending

Taxpayer Identification Number

2022 & 2023

Business Taxable In 8. 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Number of unrelated business activities for this return Unrelated business taxable income from all trades Charitable contributions Section 199A deduction (trusts only) Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction Unrelated business taxable income.	2. 3. 4. 5.	2022 1	2023 1	Differences
Business Taxable 3. 4. 2. 6. 4. 8.	Unrelated business taxable income from all trades Charitable contributions Section 199A deduction (trusts only) Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction	2. 3. 4. 5.	1	1	
Business Taxable 3. 4. 2. 6. 4. 8.	Charitable contributions Section 199A deduction (trusts only) Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction	3. 4. 5. 6.			
Business Taxable 3. 4. 2. 6. 4. 8.	Charitable contributions Section 199A deduction (trusts only) Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction	3. 4. 5. 6.			
Business T 8.	Section 199A deduction (trusts only) Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction	4. 5. 6.			
Business 5. 6. 7. 8.	Taxable income before NOL loss Net operating loss (pre-2018) Specific deduction	5. 6.			
Busines 6. 8.	Net operating loss (pre-2018) Specific deduction	6.			
8.	Specific deduction	-			
8.	Unrelated business tayable income			1,000	1,000
9.	Unrelated business taxable income.	8.			
	Income tax (corporate or trust)	9.			
" 10.	Proxy tax	10.			
≝ 11.	Other taxes	11.			
ල 12.	Total taxes	12.			
<u>13.</u>	Other credits	13.			
ص 14.	General business credit	14.			
× 15.	Credit for prior year minimum tax	15.			
[™] 16.	Total credits	16.			
17.	Net tax after credits	17.			
18.	Recapture taxes and 965 tax	18.			
19.	Total Taxes	19.			
20.	Prior year overpayment and estimated tax payments	20.			
	Payment made with extension	21.			
<u>_</u> 22.	Backup withholding and foreign withholding	22.			
⊕ 23.	Other payments	23.			
₾ 24.	Total payments	24.			
<u>Φ</u> 25.	Balance due/(Overpayment)	25.			
_26.	Overpayment applied to next year	26.			
27.	Penalties	27.			
28.	Total due/(Refund)	28.			
29.	Activity Losses NOL (Post-2017)	29.			

Form 990	Tax Return History		2023
Name			entification Number
	Flint Institute of Music	38-61	59482

_	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	5,989,960	5,082,572	10,688,812	7,780,820	10,528,903	
Membership dues	41,287					
Program service revenue	1,185,223	588,651	2,492,499	2,926,639	3,644,922	
Capital gain or loss	-26,930	2,578,551	2,025,302	250,781	729,817	
Investment income	1,075,738	735,488	1,628,561	1,251,396	977,145	
Fundraising revenue (income/loss)	46,879	53,928	15,412	-40,171	8,676	
Gaming revenue (income/loss)	2,156					
Other revenue	132,314	380,390	394,130	315,563	237,240	
Total revenue		9,419,580	17,244,716	12,485,028	16,126,703	
Grants and similar amounts paid		237,812	337,277	343,820	416,238	
Benefits paid to or for members						
Compensation of officers, etc.	249,896	332,344	372,401	403,571	408,233	
Other compensation		3,270,464	5,079,506	6,330,659	7,046,490	
Professional fees	410,693	549,246	813,351	796,810	336,311	
Occupancy costs	453,/91	253,212	710,959	808,507	778,676	
Depreciation and depletion		288,414	553,533	602,731	643,768	
Other expenses		1,068,790	4,817,378	5,251,763	6,580,470	
Total expenses	7,061,808	6,000,282	12,684,405	14,537,861	16,210,186	
Excess or (Deficit)	1,384,819	3,419,298	4,560,311	-2,052,833	-83,483	
-	0 446 600	0 410 500	15 044 516	10 405 000	16 106 500	
Total exempt revenue		9,419,580	17,244,716	12,485,028	16,126,703	
Total unrelated revenue	13,508	4 007 000		4 704 000		
Total excludable revenue	2,401,872	4,337,008	6,555,904	4,704,208	5,597,800	
Total Assets	32,121,884	39,708,187	38,937,123	35,411,951	38,832,566	
Total Liabilities	1,063,901	306,258	1,182,995	1,189,866	1,370,013	
Net Fund Balances	31,057,983	39,401,929	37,754,128	34,222,085	37,462,553	

Form 990T	Tax Return History		2023
Name		Employer Id	lentification Number
	Flint Institute of Music	38-61	59482

* Income shown net of expenses 2019 2020 2021 2022 2023 2024 Business activity profit/loss Capital gains/losses Partner and S Corp gain/loss Rental income* _____ Debt-financed income* _____ Controlled organizations income/interest* Investment income, specific organizations* . ____ Exploited exempt activity income* -4,884 Other income Total trade or business income. -4,884 Compensation of officers, ect. Other salaries and wages Repairs and maintenance Bad debts _____ Interest _____ Taxes and licenses ______ Depreciation and Depletion Deferred compensation plans Employee benefit programs

Form 990T	Tax Return History	2023
Name	Flint Institute of Music	Employer Identification Number 38-6159482

	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)	-4,884					
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000				1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						

061072520 Flint Institute of Music

38-6159482

Federal Statements

4/5/2025 2:47 PM

FYE: 5/31/2024

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Contract services	\$	336,311	\$	258,631	\$	38,093	\$	39,587
Total	\$	336,311	\$	258,631	\$	38,093	\$	39,587

Form 990, Part IX, Line 24e - All Other Expenses

Description	 Total Expenses	 Program Service	nagement & General	 Fund Raising
Food and beverage	\$ 124,316	\$ 124,316	\$	\$
Bank fees	121,534	106,620	7,529	7,385
Education	114,949	85,838	3,498	25,613
Bad debt	102,520	102,520		
Misc	89,885	67,309	7,613	14,963
Special events	76,408	40,523		35,885
Patron engagement	 35,645	 9,783	 	 25,862
Total	\$ 665,257	\$ 536,909	\$ 18,640	\$ 109,708

061072520 Flint Institute of Music

38-6159482

Federal Statements

4/5/2025 2:47 PM

FYE: 5/31/2024

Cars and Bars

Other Direct Fundraising or Gaming Expenses

	Amount
\$	
	9,480
\$_	9,480
	_

Seeing Stars!

Other Direct Fundraising or Gaming Expenses

Description	<u></u>	Amount
Supplies	\$	
Miscellaneous		7,772
Total	\$	7,772