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# Return of Organization Exempt From Income Tax

## 2016

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

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▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning Sept 1, 2016, and ending August 31, 2017

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Gr Good Street Opera Workshop Inc  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1425 Teague Rd 404  
 City or town, state or province, country, and ZIP or foreign postal code  
Myrtle Beach SC 29577

**D** Employer identification number  
208564019

**E** Telephone number  
843 395 3963

**G** Gross receipts \$ 0

**F** Name and address of principal officer: \_\_\_\_\_

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other Not For Profit L Year of formation: 2016 M State of legal domicile: S.C

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Promote-Educate-Present To The Community: The pleasures in The Arts: Opera, Ballet, symphonic music; offer scholarship to students studying the Arts</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	-0-
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	-0-
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-0-
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-0-

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	-0-	
	9	Program service revenue (Part VIII, line 2g)	-0-	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-0-	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-0-	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-0-	-0-
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-0-	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-0-	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-0-	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-0-	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	-0-	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-0-	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-0-	
	19	Revenue less expenses. Subtract line 18 from line 12	-0-	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 20)		
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: [Signature] Date: 9/15/17  
 Type or print name and title: President

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

SCANNED SEP 9 6 2017

SEP 14 2017  
OGDEN, UT

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M2-12  
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