

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **06/01/17** , and ending **05/31/18**

59-6192800

CHARLOTTE COUNTY ART GUILD, INC.

Net Asset / Fund Balance at Beginning of Year		<u>365,740</u>
Revenue		
Contributions	<u>171,344</u>	
Program service revenue	<u>351,404</u>	
Investment income	<u>84</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>23,535</u>	
Total revenue		<u>546,367</u>
Expenses		
Program services	<u>453,459</u>	
Management and general	<u>69,050</u>	
Fundraising		
Total expenses		<u>522,509</u>
Excess / (deficit)		<u>23,858</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>389,598</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>546,367</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>522,509</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>373,604</u>	<u>395,733</u>	
Liabilities	<u>7,864</u>	<u>6,135</u>	
Net assets	<u><u>365,740</u></u>	<u><u>389,598</u></u>	<u>23,858</u>

Miscellaneous Information

Amended return _____
Return / extended due date 10/15/18
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 6/01, 2017, and ending 5/31, 2018

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number

59-6192800

Name and title of officer

**CONSTANCE ROBISON
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	546,367
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize STRANG, OLSEN & LYNCH, CPAS, P.A. to enter my PIN 92800 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } **09/05/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65745510354
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } RONALD L OLSEN Date } **09/05/18**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **06/01/17**, and ending **05/31/18**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHARLOTTE COUNTY ART GUILD, INC.		D Employer identification number 59-6192800
	Doing business as		E Telephone number 941-639-8810
	Number and street (or P.O. box if mail is not delivered to street address) 210 MAUDE ST		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code PUNTA GORDA FL 33950		G Gross receipts \$ 587,819
	F Name and address of principal officer: JANET WATERMEIER		

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: VISUALARTCENTER.ORG	H(c) Group exemption number U
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U	L Year of formation: 1985	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE ARTS			
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	13
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	8
	6 Total number of volunteers (estimate if necessary)		6	220
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
7b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
Revenue		8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	159,815	171,344
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251,351	351,404
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-256	84
		12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,518	23,535
			463,428	546,367
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)	169,217	158,115
		16a Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) U	0	
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	281,349	364,394
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	450,566	522,509	
	19 Revenue less expenses. Subtract line 18 from line 12	12,862	23,858	
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 26)	373,604	395,733
		22 Net assets or fund balances. Subtract line 21 from line 20	7,864	6,135
		365,740	389,598	

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 CONSTANCE ROBISON		Date PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RONALD L OLSEN	Preparer's signature RONALD L OLSEN	Date 09/05/18	Check <input type="checkbox"/> if self-employed PTIN P01262366
	Firm's name } STRANG, OLSEN & LYNCH, CPAS, P.A.		Firm's EIN } 65-1042803	
Firm's address } 334 W OLYMPIA AVENUE PUNTA GORDA, FL 33950-4412		Phone no. 941-639-0888		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE ARTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses \$ **453,139** including grants of \$) (Revenue \$ **546,367**)

THE ART SHOW, ART CLASSES AND CONSIGNMENT SHOP PROMOTE PUBLIC AWARENESS AND INTEREST IN ART AND PROVIDES A PLACE TO DISPLAY AND LEARN ABOUT ART.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ **320** including grants of \$) (Revenue \$)

4e Total program service expenses **453,459**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:

JANET WATERMEIER
PUNTA GORDA

210 MAUD ST

FL 33950

941-639-8810

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

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONSTANCE ROBISON	15.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) ALEXIA MARTIN	5.00									
VP	0.00	X		X			0	0	0	
(3) DONNA PETERMAN	5.00									
TREASURER	0.00	X		X			0	0	0	
(4) MARY HARBOUR	5.00									
SECRETARY	0.00	X		X			0	0	0	
(5) JIM BEECH	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) MARY CAVANAGH	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) ELLEN HARVEY	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) JUDI ROTH	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) STEVE STRUNK	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(10) BOB WEITZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 48,599				
	c Fundraising events	1c				
	d Related organizations	1d 30,000				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 92,745				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 171,344				
Program Service Revenue	2a PROGRAM SERVICES EDUCATION	Busn. Code	184,816	184,816		
	b EXHIBITS/NATIONAL ART		84,209	84,209		
	c PEACE RIVER NATIONAL		48,317	48,317		
	d FINA ARTS FESTIVAL		24,954	24,954		
	e MISC AND RENTAL INCOME		9,108	9,108		
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 351,404				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	84		84	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		u				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a 64,987					
	b Less: cost of goods sold	b 41,452				
	c Net income or (loss) from sales of inventory	u 23,535	23,535	23,535		
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u	546,367	374,939	0	84	

Part IX Statement of Functional Expenses

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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				
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	146,831	110,123	36,708	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,284	11,284		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	825	619	206	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	26,712	26,712		
13 Office expenses	35,210	15,789	19,421	
14 Information technology				
15 Royalties				
16 Occupancy	45,634	35,086	10,548	
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	36,019	33,852	2,167	
23 Insurance	20,321	20,321		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	186,342	186,342		
b OTHER EXP	7,001	7,001		
c EQUIPMENT LEASE	5,535	5,535		
d MISC EXP	795	795		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	522,509	453,459	69,050	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	68,241	1	67,150	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 930,067			
	b Less: accumulated depreciation	10b 601,484	305,363	10c	328,583
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		373,604	16	395,733	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		7,864	25	6,135
	26 Total liabilities. Add lines 17 through 25		7,864	26	6,135
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		365,740	32	389,598
33 Total net assets or fund balances		365,740	33	389,598	
34 Total liabilities and net assets/fund balances		373,604	34	395,733	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	546,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	522,509
3	Revenue less expenses. Subtract line 2 from line 1	3	23,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	365,740
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	389,598

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number

59-6192800

Part I 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	179,577	92,281	170,989	159,815	171,344	774,006
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	273,650	283,512	310,058	353,193	416,391	1,636,804
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	453,227	375,793	481,047	513,008	587,735	2,410,810
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,410,810

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	453,227	375,793	481,047	513,008	587,735	2,410,810
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58	59	64	76	84	341
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	58	59	64	76	84	341
11 Net income from unrelated business activities not included in 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.)	453,285	375,852	481,111	513,084	587,819	2,411,151
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	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.		
b	Did the activities described in (a) 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.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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? Provide details in Part VI.		
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.		

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

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization CHARLOTTE COUNTY ART GUILD, INC.	Employer identification number 59-6192800
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 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, II, and III.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization CHARLOTTE COUNTY ART GUILD, INC.	Employer identification number 59-6192800
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROTH FAMILY FOUNDATION 1113 RED FOX RD LOUISVILLE KY 40205	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GETTEL OF CHARLOTTE COUNTY 1801 TAMIAMI TR PUNTA GORDA FL 33950	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CONSTANCE & WILLIAM ROBISON 2516 RIO TIEBER DR PUNTA GORDA FL 33950	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHN & DONNA PETERMAN 713 W RETTA ESPLANADE PUNTA GORDA FL 33950	\$ 8,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BECKEY BOVELL 196 TARPON COVE PUNTA GORDA FL 33950	\$ 30,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PAULA & BUCKY MCQUEEN PO BOX 511249 PUNTA GORDA FL 33951	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHARLOTTE COUNTY ART GUILD, INC.	Employer identification number 59-6192800
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARK BYRD 96 VIVANTE BLVD # 9637 PUNTA GORDA FL 33950	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number

59-6192800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		576,822	418,924	157,898
c Leasehold improvements		245,907	88,383	157,524
d Equipment		87,095	76,655	10,440
e Other		20,243	17,522	2,721
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				328,583

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) OTHER CURRENT LIABILITIES	3,153	
(3) PAYROLL	2,862	
(4) SALES TAX PAYABLE	120	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	6,135	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

⌵ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number

59-6192800

FORM 990, PART I, LINE 6

ASSIST WITH OPERATION OF ART FACILITY

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

MISC PROGRAM SERVICE EXPENNSE NOT ASSIGNED TO FIRST ACHIEVEMENT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEW IS CONDUCTED BY EXECUTIVE DIRECTOR & TREASURER, COPY TO BOARD

MEMBERS AND APPROVED BY THE PRESIDENT

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD REVIEW

**EXECUTIVE DIRECTOR REVIEWS AND APPROVES EACH REQUEST FOR REIMBURSEMENT OF
EXPENSES DIRECTLY RELATED TO ACTIVITIES.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE AT OFFICE 210 MAUDE ST PUNTA GORDA FL 33950

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

CHARLOTTE COUNTY ART GUILD, INC.

Identifying number

59-6192800

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	9,985
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,459

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	10,005
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	514	5.0	HY	200DB	102
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property	01/09/18	37,774	39 yrs.	MM	363
		01/09/18	10,965	39.0	MM	105

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	36,019
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

59-6192800

Federal Asset Report

FYE: 5/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
122	POINT OF SALE SYSTEM-IPAD	6/13/17	1,029			X	514	5	HY 200DB	0	617
124	POS SYSTEM HARDWARE	1/20/18	4,636			X	0	5	HY 200DB	0	4,636
			<u>5,665</u>				<u>514</u>			<u>0</u>	<u>5,253</u>
7-year GDS Property:											
123	FURNITURE-FRONT-POS SYSTEM	12/19/17	4,834			X	0	7	HY 200DB	0	4,834
			<u>4,834</u>				<u>0</u>			<u>0</u>	<u>4,834</u>
Non-Residential Real Property:											
125	WOOD VINYL FLOORING	1/09/18	37,774				37,774	39	MMS/L	0	363
126	GIFT SHOP RENOVATION	1/09/18	10,965				10,965	39	MMS/L	0	105
			<u>48,739</u>				<u>48,739</u>			<u>0</u>	<u>468</u>
Prior MACRS:											
26	POTTERY STUDIO EQUIPMENT	7/23/02	6,064			X	4,245	5	HY 200DB	6,064	0
29	DIGITAL PROJECTOR	2/29/04	1,426			X	713	5	HY 200DB	1,426	0
	Sold/Scrapped: 5/31/18										
30	CHAFING DISHES	4/01/04	109			X	54	5	HY 200DB	109	0
34	DELL DIMENSION 3100	4/12/06	614				614	5	HY 200DB	614	0
76	CAMERA, MICROPHONE & EQPT	2/25/11	2,108			X	0	7	HY 200DB	2,108	0
77	DUMPSTER	3/18/11	1,136			X	0	7	HY 200DB	1,136	0
79	GLASS DISPLAY UNITS - GIFT SHOP	4/12/11	553			X	0	7	HY 200DB	553	0
81	PHILCO 5 TON AC UNIT	3/06/13	4,991			X	2,495	10	HY S/L	3,618	250
82	NEW KILN	7/20/12	2,169			X	1,084	7	HY 200DB	1,927	97
83	A/C UNIT-13 SEER 410A PURON	5/19/14	6,200			X	3,100	10	MQ200DB	3,105	619
84	20 TON JEWELRY PRESS	7/08/13	1,100			X	550	7	MQ200DB	950	48
89	AC UNIT	8/11/14	2,495			X	1,247	5	HY 200DB	2,136	143
90	AC COIL	9/22/14	1,483			X	741	5	HY 200DB	1,269	86
91	EXTERIOR REP PAINT	7/01/14	18,254				18,254	39	MMS/L	1,346	468
92	INTERIOR REP PAINT	9/01/14	1,055				1,055	39	MMS/L	73	27
93	GALLERY LIGHTING	1/17/15	7,233				7,233	39	MMS/L	440	186
94	GALLERY LIGHTING	2/26/15	6,291				6,291	39	MMS/L	370	161
95	GIFT SHOP LIGHTING	5/19/15	543				543	39	MMS/L	28	14
96	ROOF TILE REPAIR	7/03/14	3,500				3,500	39	MMS/L	258	90
97	SIGNAGE	1/01/15	4,531			X	2,265	15	HY 150DB	2,788	174
98	HP DESKTOP BOOKKEEPER	10/01/15	896			X	448	5	HY 200DB	681	86
99	A/C UNITS	9/09/15	31,100			X	15,550	5	HY 200DB	23,636	2,986
100	POTTERY STUDIO DOOR	9/11/15	1,481				1,481	39	MMS/L	65	38
101	HIGH TOP TABLES	6/30/15	1,501			X	751	7	HY 200DB	1,041	132
102	GALLERY LIGHTING	9/09/15	2,502			X	1,251	7	HY 200DB	1,736	219
103	SIGNAGE	1/21/16	21,150			X	10,575	15	HY 150DB	12,108	905
104	SKY LIGHT	2/25/16	943				943	39	MMS/L	31	24
105	KILN REPAIRS	5/31/16	3,900			X	1,950	5	HY 200DB	2,964	374
107	SLAB ROLLER	12/20/16	750			X	375	7	MQ200DB	415	96
108	KILN-MEGA COIL 3" BRICK/240 VOLT	5/22/17	2,687			X	1,343	7	MQ200DB	1,391	371
109	9 PEDESTALS	12/20/16	1,262			X	631	7	MQ200DB	699	161
110	HOT WATER HEATER	1/16/17	875			X	437	15	MQ150DB	454	42
111	KITCHEN FIXTURES-ICE MAKER, VAR	3/21/17	1,615			X	808	7	MQ200DB	836	223
112	GLASS WINDOW	10/15/16	412				412	39	MMS/L	7	10
113	GLASS INSERTS-2 DOORS	1/19/17	750				750	39	MMS/L	7	19
114	PAINTING	7/06/16	500			X	250	7	MQ200DB	313	53
115	27 CHAIRS	3/10/17	1,000			X	500	7	MQ200DB	518	138
116	LIGHTING	5/19/17	2,896			X	1,448	7	MQ200DB	1,500	399
117	SOUND SYSTEM	3/20/17	2,283			X	1,141	7	MQ200DB	1,182	315
118	IT EQUIPMENT-NUC SERVER, VARIOU	5/29/17	2,300			X	1,150	5	MQ200DB	1,207	437
119	POINT OF SALE SYSTEM	5/31/17	1,712			X	856	5	MQ200DB	899	325
120	WIRELESS CAMERA/MONITOR	5/29/17	1,094			X	547	7	MQ200DB	566	151
121	5 POLYCOM PHONES	5/29/17	998			X	499	7	MQ200DB	517	138
			<u>156,462</u>				<u>98,080</u>			<u>83,091</u>	<u>10,005</u>

Other Depreciation:

59-6192800

Federal Asset Report

FYE: 5/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
1	BUILDING	8/31/89	225,000			225,000	40 MO 150DB	164,043	4,976
2	BUILDING	5/31/90	275,000			275,000	40 MO 150DB	194,831	6,166
3	BUILDING	5/31/91	30,000			30,000	40 MO 150DB	20,555	675
4	BUILDING	5/31/93	35,202			35,202	40 MO 150DB	22,533	792
5	NEW OFFICE	11/30/00	8,120			8,120	40 MO 150DB	3,822	183
6	OFFICE EQUIPMENT	5/31/90	3,798			3,798	5 MO 150DB	3,798	0
	Sold/Scrapped: 5/31/18								
7	OFFICE EQUIPMENT	5/31/90	10,626			10,626	5 MO 150DB	10,626	0
	Sold/Scrapped: 5/31/18								
8	OFFICE EQUIPMENT	5/31/91	1,128			1,128	5 MO 150DB	1,128	0
	Sold/Scrapped: 5/31/18								
9	OFFICE EQUIPMENT	5/31/92	3,356			3,356	5 MO 150DB	3,356	0
	Sold/Scrapped: 5/31/18								
10	OFFICE EQUIPMENT	5/31/93	18,295			18,295	5 MO 150DB	18,295	0
	Sold/Scrapped: 5/31/18								
11	OFFICE EQUIPMENT	5/31/94	530			530	5 MO 150DB	530	0
	Sold/Scrapped: 5/31/18								
13	EQUIPMENT	7/25/95	248			248	5 MO 150DB	248	0
	Sold/Scrapped: 5/31/18								
15	EQUIPMENT	3/01/96	69			69	5 MO 150DB	69	0
18	REFRIGERATOR	3/05/99	2,009			2,009	7 MO 150DB	2,009	0
20	SOUND SYSTEM EQUIPMENT	11/30/98	2,954			2,954	5 MO 150DB	2,954	0
21	SOUND SYSTEM	8/01/99	511			511	5 MO 150DB	511	0
22	NEW SIGN	4/11/01	9,974			9,974	5 MO 150DB	9,974	0
35	BLDG IMPROV	9/22/95	1,138			1,138	40 MO 150DB	658	26
36	BLDG IMPROV	10/20/95	3,299			3,299	40 MO 150DB	1,904	76
37	BLDG IMPROV	11/14/95	227			227	40 MO 150DB	131	5
38	BLDG IMPROV	12/27/95	162			162	40 MO 150DB	93	4
39	BLDG IMPROV	4/01/96	217			217	40 MO 150DB	124	5
40	BLDG IMPROV	5/01/96	440			440	40 MO 150DB	249	11
41	BLDG IMPROV	7/15/96	791			791	40 MO 150DB	447	18
42	KITCHEN CABINETS	5/31/97	350			350	40 MO 150DB	192	8
43	ACCOUSTICAL	5/31/98	5,309			5,309	39 MO 150DB	2,857	123
44	ACCOUSTICAL	11/30/99	2,552			2,552	39 MO 150DB	1,285	59
45	CARPETING	8/01/99	1,617			1,617	7 MO 150DB	1,617	0
46	LANDSCAPING	1/26/00	1,598			1,598	5 MO 150DB	1,598	0
47	TILE	5/01/00	773			773	7 MO 150DB	773	0
48	EXPANSION TO BLDG	4/04/02	103,486			103,486	40 MO 150DB	45,577	2,332
64	6 & 8 FOOT BANQUET TABLE	4/24/02	2,165			2,165	7 MO S/L	2,165	0
70	PR EGRET PAINTING	4/18/07	2,430			2,430	7 MO S/L	2,430	0
80	UPGRADE PC'S FOR VIDEO PROJECT	12/17/10	1,440		X	0	3 MO Amort	1,440	0
	Sold/Scrapped: 5/31/18								
106	1 HIGH END COMPUTER	5/20/11	400			400	5 MO 200DB	400	0
	Total Other Depreciation		<u>755,214</u>			<u>753,774</u>		<u>523,222</u>	<u>15,459</u>
	Total ACRS and Other Depreciation		<u>755,214</u>			<u>753,774</u>		<u>523,222</u>	<u>15,459</u>
	Grand Totals		970,914			901,107		606,313	36,019
	Less: Dispositions and Transfers		40,847			38,694		40,847	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>930,067</u>			<u>862,413</u>		<u>565,466</u>	<u>36,019</u>

59-6192800

AMT Asset Report

FYE: 5/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:										
122	POINT OF SALE SYSTEM-IPAD	6/13/17	1,029		X	514	5	HY 150DB	0	592
124	POS SYSTEM HARDWARE	1/20/18	4,636		X	0	5	HY 150DB	0	4,636
			<u>5,665</u>			<u>514</u>			<u>0</u>	<u>5,228</u>
7-year GDS Property:										
123	FURNITURE-FRONT-POS SYSTEM	12/19/17	4,834		X	0	7	HY 150DB	0	4,834
			<u>4,834</u>			<u>0</u>			<u>0</u>	<u>4,834</u>
Non-Residential Real Property:										
125	WOOD VINYL FLOORING	1/09/18	37,774			37,774	39	MMI50DB	0	363
126	GIFT SHOP RENOVATION	1/09/18	10,965			10,965	39	MMI50DB	0	105
			<u>48,739</u>			<u>48,739</u>			<u>0</u>	<u>468</u>
Prior MACRS:										
76	CAMERA, MICROPHONE & EQPT	2/25/11	2,108		X	0	7	HY 150DB	2,108	0
77	DUMPSTER	3/18/11	1,136		X	0	7	HY 150DB	1,136	0
79	GLASS DISPLAY UNITS - GIFT SHOP	4/12/11	553		X	0	7	HY 150DB	553	0
81	PHILCO 5 TON AC UNIT	3/06/13	4,991		X	2,495	10	HY 150DB	3,791	219
82	NEW KILN	7/20/12	2,169		X	1,084	7	HY 150DB	1,837	133
83	A/C UNIT-13 SEER 410A PURON	5/19/14	6,200		X	3,736	10	MQ150DB	2,464	560
84	20 TON JEWELRY PRESS	7/08/13	1,100		X	550	7	MQ150DB	891	67
89	AC UNIT	8/11/14	2,495		X	1,247	5	HY 200DB	2,136	143
90	AC COIL	9/22/14	1,483		X	741	5	HY 200DB	1,269	86
91	EXTERIOR REP PAINT	7/01/14	18,254			18,254	39	MMS/L	1,346	468
92	INTERIOR REP PAINT	9/01/14	1,055			1,055	39	MMS/L	73	27
93	GALLERY LIGHTING	1/17/15	7,233			7,233	39	MMS/L	440	186
94	GALLERY LIGHTING	2/26/15	6,291			6,291	39	MMS/L	370	161
95	GIFT SHOP LIGHTING	5/19/15	543			543	39	MMS/L	28	14
96	ROOF TILE REPAIR	7/03/14	3,500			3,500	39	MMS/L	258	90
97	SIGNAGE	1/01/15	4,531		X	2,265	15	HY 150DB	2,788	174
98	HP DESKTOP BOOKKEEPER	10/01/15	896		X	448	5	HY 200DB	681	86
99	A/C UNITS	9/09/15	31,100		X	15,550	5	HY 150DB	21,848	2,775
100	POTTERY STUDIO DOOR	9/11/15	1,481			1,481	39	MMI50DB	65	38
101	HIGH TOP TABLES	6/30/15	1,501		X	751	7	HY 150DB	974	113
102	GALLERY LIGHTING	9/09/15	2,502		X	1,251	7	HY 150DB	1,624	188
103	SIGNAGE	1/21/16	21,150		X	10,575	15	HY 150DB	12,108	905
104	SKY LIGHT	2/25/16	943			943	39	MMI50DB	31	24
105	KILN REPAIRS	5/31/16	3,900		X	1,950	5	HY 150DB	2,740	348
106	1 HIGH END COMPUTER	5/20/11	400		X	0	5	HY 150DB	400	0
107	SLAB ROLLER	12/20/16	750		X	375	7	MQ150DB	405	74
108	KILN-MEGA COIL 3" BRICK/240 VOLT	5/22/17	2,687		X	1,343	7	MQ150DB	1,379	281
109	9 PEDESTALS	12/20/16	1,262		X	631	7	MQ150DB	682	124
110	HOT WATER HEATER	1/16/17	875		X	437	15	MQ150DB	454	42
111	KITCHEN FIXTURES-ICE MAKER, VAR	3/21/17	1,615		X	808	7	MQ150DB	829	169
112	GLASS WINDOW	10/15/16	412			412	39	MMI50DB	7	10
113	GLASS INSERTS-2 DOORS	1/19/17	750			750	39	MMI50DB	7	19
114	PAINTING	7/06/16	500		X	250	7	MQ150DB	297	43
115	27 CHAIRS	3/10/17	1,000		X	500	7	MQ150DB	513	105
116	LIGHTING	5/19/17	2,896		X	1,448	7	MQ150DB	1,487	302
117	SOUND SYSTEM	3/20/17	2,283		X	1,141	7	MQ150DB	1,172	238
118	IT EQUIPMENT-NUC SERVER, VARIOU	5/29/17	2,300		X	1,150	5	MQ150DB	1,193	332
119	POINT OF SALE SYSTEM	5/31/17	1,712		X	856	5	MQ150DB	888	247
120	WIRELESS CAMERA/MONITOR	5/29/17	1,094		X	547	7	MQ150DB	562	114
121	5 POLYCOM PHONES	5/29/17	998		X	499	7	MQ150DB	513	104
			<u>148,649</u>			<u>93,090</u>			<u>72,347</u>	<u>9,009</u>
Other Depreciation:										
1	BUILDING	8/31/89	0			0	0	HY	0	0
2	BUILDING	5/31/90	0			0	0	HY	0	0
3	BUILDING	5/31/91	0			0	0	HY	0	0
4	BUILDING	5/31/93	0			0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5	NEW OFFICE	11/30/00	0				0	0	HY	0	0
6	OFFICE EQUIPMENT	5/31/90	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
7	OFFICE EQUIPMENT	5/31/90	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
8	OFFICE EQUIPMENT	5/31/91	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
9	OFFICE EQUIPMENT	5/31/92	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
10	OFFICE EQUIPMENT	5/31/93	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
11	OFFICE EQUIPMENT	5/31/94	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
13	EQUIPMENT	7/25/95	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
15	EQUIPMENT	3/01/96	0				0	0	HY	0	0
18	REFRIGERATOR	3/05/99	0				0	0	HY	0	0
20	SOUND SYSTEM EQUIPMENT	11/30/98	0				0	0	HY	0	0
21	SOUND SYSTEM	8/01/99	0				0	0	HY	0	0
22	NEW SIGN	4/11/01	0				0	0	HY	0	0
26	POTTERY STUDIO EQUIPMENT	7/23/02	0				0	0	HY	0	0
29	DIGITAL PROJECTOR	2/29/04	0				0	0	HY	0	0
	Sold/Scrapped: 5/31/18										
30	CHAFING DISHES	4/01/04	0				0	0	HY	0	0
34	DELL DIMENSION 3100	4/12/06	0				0	0	HY	0	0
35	BLDG. IMPROV	9/22/95	0				0	0	HY	0	0
36	BLDG IMPROV	10/20/95	0				0	0	HY	0	0
37	BLDG IMPROV	11/14/95	0				0	0	HY	0	0
38	BLDG IMPROV	12/27/95	0				0	0	HY	0	0
39	BLDG IMPROV	4/01/96	0				0	0	HY	0	0
40	BLDG IMPROV	5/01/96	0				0	0	HY	0	0
41	BLDG IMPROV	7/15/96	0				0	0	HY	0	0
42	KITCHEN CABINETS	5/31/97	0				0	0	HY	0	0
43	ACCOUSTICAL	5/31/98	0				0	0	HY	0	0
44	ACCOUSTICAL	11/30/99	0				0	0	HY	0	0
45	CARPETING	8/01/99	0				0	0	HY	0	0
46	LANDSCAPING	1/26/00	0				0	0	HY	0	0
47	TILE	5/01/00	0				0	0	HY	0	0
48	EXPANSION TO BLDG	4/04/02	0				0	0	HY	0	0
64	6 & 8 FOOT BANQUET TABLE	4/24/02	0				0	0	HY	0	0
70	PR EGRET PAINTING	4/18/07	2,430				2,430	7	MO S/L	2,430	0
	Total Other Depreciation		<u>2,430</u>				<u>2,430</u>			<u>2,430</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,430</u>				<u>2,430</u>			<u>2,430</u>	<u>0</u>
	Grand Totals		210,317				144,773			74,777	19,539
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>210,317</u>				<u>144,773</u>			<u>74,777</u>	<u>19,539</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
80	UPGRADE PC'S FOR VIDEO PROJECT	12/17/10	1,440		0	0	1,440	0
81	PHILCO 5 TON AC UNIT	3/06/13	4,991		0	0	2,496	2,495
125	WOOD VINYL FLOORING	1/09/18	37,774		0	0	0	37,774
126	GIFT SHOP RENOVATION	1/09/18	10,965		0	0	0	10,965
26	POTTERY STUDIO EQUIPMENT	7/23/02	6,064		0	0	1,819	4,245
29	DIGITAL PROJECTOR	2/29/04	1,426		0	0	713	713
30	CHAFING DISHES	4/01/04	109		0	0	55	54
76	CAMERA, MICROPHONE & EQPT	2/25/11	2,108		0	0	2,108	0
77	DUMPSTER	3/18/11	1,136		0	0	1,136	0
79	GLASS DISPLAY UNITS - GIFT SHOP	4/12/11	553		0	0	553	0
82	NEW KILN	7/20/12	2,169		0	0	1,085	1,084
83	A/C UNIT-13 SEER 410A PURON	5/19/14	6,200		0	0	3,100	3,100
84	20 TON JEWELRY PRESS	7/08/13	1,100		0	0	550	550
89	AC UNIT	8/11/14	2,495		0	0	1,248	1,247
90	AC COIL	9/22/14	1,483		0	0	742	741
97	SIGNAGE	1/01/15	4,531		0	0	2,266	2,265
98	HP DESKTOP BOOKKEEPER	10/01/15	896		0	0	448	448
99	A/C UNITS	9/09/15	31,100		0	0	15,550	15,550
101	HIGH TOP TABLES	6/30/15	1,501		0	0	750	751
102	GALLERY LIGHTING	9/09/15	2,502		0	0	1,251	1,251
103	SIGNAGE	1/21/16	21,150		0	0	10,575	10,575
105	KILN REPAIRS	5/31/16	3,900		0	0	1,950	1,950
107	SLAB ROLLER	12/20/16	750		0	0	375	375
108	KILN-MEGA COIL 3" BRICK/240 VOLT	5/22/17	2,687		0	0	1,344	1,343
109	9 PEDESTALS	12/20/16	1,262		0	0	631	631
110	HOT WATER HEATER	1/16/17	875		0	0	438	437
111	KITCHEN FIXTURES-ICE MAKER, VARI	3/21/17	1,615		0	0	807	808
114	PAINTING	7/06/16	500		0	0	250	250
115	27 CHAIRS	3/10/17	1,000		0	0	500	500
116	LIGHTING	5/19/17	2,896		0	0	1,448	1,448
117	SOUND SYSTEM	3/20/17	2,283		0	0	1,142	1,141
118	IT EQUIPMENT-NUC SERVER, VARIOUS	5/29/17	2,300		0	0	1,150	1,150
119	POINT OF SALE SYSTEM	5/31/17	1,712		0	0	856	856
120	WIRELESS CAMERA/MONITOR	5/29/17	1,094		0	0	547	547
121	5 POLYCOM PHONES	5/29/17	998		0	0	499	499
122	POINT OF SALE SYSTEM-IPAD	6/13/17	1,029		0	515	0	514
123	FURNITURE-FRONT-POS SYSTEM	12/19/17	4,834		0	4,834	0	0
124	POS SYSTEM HARDWARE	1/20/18	4,636		0	4,636	0	0
	Form 990, Page 1		176,064		0	9,985	59,822	106,257
	*Less: Dispositions and Transfers		2,866		0	0	2,153	713
	Net Form 990, Page 1		173,198		0	9,985	57,669	105,544
	Grand Total		176,064		0	9,985	59,822	106,257
	Less: Dispositions and Transfers		2,866		0	0	2,153	713
	Net Grand Total		173,198		0	9,985	57,669	105,544

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	76	CAMERA, MICROPHONE & EQPT	0	0	0
Page 1	1	77	DUMPSTER	0	0	0
Page 1	1	79	GLASS DISPLAY UNITS - GIFT SHOP	0	0	0
Page 1	1	81	PHILCO 5 TON AC UNIT	250	219	31
Page 1	1	82	NEW KILN	97	133	-36
Page 1	1	83	A/C UNIT-13 SEER 410A PURON	619	560	59
Page 1	1	84	20 TON JEWELRY PRESS	48	67	-19
Page 1	1	89	AC UNIT	143	143	0
Page 1	1	90	AC COIL	86	86	0
Page 1	1	91	EXTERIOR REP PAINT	468	468	0
Page 1	1	92	INTERIOR REP PAINT	27	27	0
Page 1	1	93	GALLERY LIGHTING	186	186	0
Page 1	1	94	GALLERY LIGHTING	161	161	0
Page 1	1	95	GIFT SHOP LIGHTING	14	14	0
Page 1	1	96	ROOF TILE REPAIR	90	90	0
Page 1	1	97	SIGNAGE	174	174	0
Page 1	1	98	HP DESKTOP BOOKKEEPER	86	86	0
Page 1	1	99	A/C UNITS	2,986	2,775	211
Page 1	1	100	POTTERY STUDIO DOOR	38	38	0
Page 1	1	101	HIGH TOP TABLES	132	113	19
Page 1	1	102	GALLERY LIGHTING	219	188	31
Page 1	1	103	SIGNAGE	905	905	0
Page 1	1	104	SKY LIGHT	24	24	0
Page 1	1	105	KILN REPAIRS	374	348	26
Page 1	1	107	SLAB ROLLER	96	74	22
Page 1	1	108	KILN-MEGA COIL 3" BRICK/240 VOLT	371	281	90
Page 1	1	109	9 PEDESTALS	161	124	37
Page 1	1	110	HOT WATER HEATER	42	42	0
Page 1	1	111	KITCHEN FXITURES-ICE MAKER, VARIOU	223	169	54
Page 1	1	112	GLASS WINDOW	10	10	0
Page 1	1	113	GLASS INSERTS-2 DOORS	19	19	0
Page 1	1	114	PAINTING	53	43	10
Page 1	1	115	27 CHAIRS	138	105	33
Page 1	1	116	LIGHTING	399	302	97
Page 1	1	117	SOUND SYSTEM	315	238	77
Page 1	1	118	IT EQUIPMENT-NUC SERVER, VARIOUS	437	332	105
Page 1	1	119	POINT OF SALE SYSTEM	325	247	78
Page 1	1	120	WIRELESS CAMERA/MONITOR	151	114	37
Page 1	1	121	5 POLYCOM PHONES	138	104	34
Page 1	1	122	POINT OF SALE SYSTEM-IPAD	617	592	25
Page 1	1	123	FURNITURE-FRONT-POS SYSTEM	4,834	4,834	0
Page 1	1	124	POS SYSTEM HARDWARE	4,636	4,636	0
Page 1	1	125	WOOD VINYL FLOORING	363	363	0
Page 1	1	126	GIFT SHOP RENOVATION	105	105	0
				<u>20,560</u>	<u>19,539</u>	<u>1,021</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
26	POTTERY STUDIO EQUIPMENT	7/23/02	6,064	0	0
30	CHAFING DISHES	4/01/04	109	0	0
34	DELL DIMENSION 3100	4/12/06	614	0	0
76	CAMERA, MICROPHONE & EQPT	2/25/11	2,108	0	0
77	DUMPSTER	3/18/11	1,136	0	0
79	GLASS DISPLAY UNITS - GIFT SHOP	4/12/11	553	0	0
81	PHILCO 5 TON AC UNIT	3/06/13	4,991	250	218
82	NEW KILN	7/20/12	2,169	97	133
83	A/C UNIT-13 SEER 410A PURON	5/19/14	6,200	495	541
84	20 TON JEWELRY PRESS	7/08/13	1,100	48	67
89	AC UNIT	8/11/14	2,495	144	144
90	AC COIL	9/22/14	1,483	85	85
91	EXTERIOR REP PAINT	7/01/14	18,254	468	468
92	INTERIOR REP PAINT	9/01/14	1,055	27	27
93	GALLERY LIGHTING	1/17/15	7,233	185	185
94	GALLERY LIGHTING	2/26/15	6,291	161	161
95	GIFT SHOP LIGHTING	5/19/15	543	14	14
96	ROOF TILE REPAIR	7/03/14	3,500	89	89
97	SIGNAGE	1/01/15	4,531	157	157
98	HP DESKTOP BOOKKEEPER	10/01/15	896	52	52
99	A/C UNITS	9/09/15	31,100	1,791	2,591
100	POTTERY STUDIO DOOR	9/11/15	1,481	38	38
101	HIGH TOP TABLES	6/30/15	1,501	93	92
102	GALLERY LIGHTING	9/09/15	2,502	156	154
103	SIGNAGE	1/21/16	21,150	813	813
104	SKY LIGHT	2/25/16	943	25	25
105	KILN REPAIRS	5/31/16	3,900	225	325
107	SLAB ROLLER	12/20/16	750	68	58
108	KILN-MEGA COIL 3" BRICK/240 VOLT	5/22/17	2,687	264	220
109	9 PEDESTALS	12/20/16	1,262	115	98
110	HOT WATER HEATER	1/16/17	875	38	38
111	KITCHEN FIXTURES-ICE MAKER, VARIOU	3/21/17	1,615	159	132
112	GLASS WINDOW	10/15/16	412	11	11
113	GLASS INSERTS-2 DOORS	1/19/17	750	20	20
114	PAINTING	7/06/16	500	38	35
115	27 CHAIRS	3/10/17	1,000	98	82
116	LIGHTING	5/19/17	2,896	285	237
117	SOUND SYSTEM	3/20/17	2,283	225	187
118	IT EQUIPMENT-NUC SERVER, VARIOUS	5/29/17	2,300	263	233
119	POINT OF SALE SYSTEM	5/31/17	1,712	195	173
120	WIRELESS CAMERA/MONITOR	5/29/17	1,094	108	89
121	5 POLYCOM PHONES	5/29/17	998	98	81
122	POINT OF SALE SYSTEM-IPAD	6/13/17	1,029	165	131
123	FURNITURE-FRONT-POS SYSTEM	12/19/17	4,834	0	0
124	POS SYSTEM HARDWARE	1/20/18	4,636	0	0
125	WOOD VINYL FLOORING	1/09/18	37,774	969	970
126	GIFT SHOP RENOVATION	1/09/18	10,965	282	282
			<u>214,274</u>	<u>8,814</u>	<u>9,456</u>

Other Depreciation:

1	BUILDING	8/31/89	225,000	4,976	0
2	BUILDING	5/31/90	275,000	6,167	0
3	BUILDING	5/31/91	30,000	675	0
4	BUILDING	5/31/93	35,202	792	0
5	NEW OFFICE	11/30/00	8,120	183	0
15	EQUIPMENT	3/01/96	69	0	0
18	REFRIGERATOR	3/05/99	2,009	0	0
20	SOUND SYSTEM EQUIPMENT	11/30/98	2,954	0	0
21	SOUND SYSTEM	8/01/99	511	0	0
22	NEW SIGN	4/11/01	9,974	0	0
35	BLDG IMPROV	9/22/95	1,138	27	0
36	BLDG IMPROV	10/20/95	3,299	76	0
37	BLDG IMPROV	11/14/95	227	5	0
38	BLDG IMPROV	12/27/95	162	3	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
39	BLDG IMPROV	4/01/96	217	5	0
40	BLDG IMPROV	5/01/96	440	10	0
41	BLDG IMPROV	7/15/96	791	18	0
42	KITCHEN CABINETS	5/31/97	350	8	0
43	ACCOUSTICAL	5/31/98	5,309	122	0
44	ACCOUSTICAL	11/30/99	2,552	59	0
45	CARPETING	8/01/99	1,617	0	0
46	LANDSCAPING	1/26/00	1,598	0	0
47	TILE	5/01/00	773	0	0
48	EXPANSION TO BLDG	4/04/02	103,486	2,332	0
64	6 & 8 FOOT BANQUET TABLE	4/24/02	2,165	0	0
70	PR EGRET PAINTING	4/18/07	2,430	0	0
106	1 HIGH END COMPUTER	5/20/11	400	0	0
	Total Other Depreciation		<u>715,793</u>	<u>15,458</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>715,793</u>	<u>15,458</u>	<u>0</u>
	Grand Totals		<u>930,067</u>	<u>24,272</u>	<u>9,456</u>

Two Year Comparison Report

Form **990****2016 & 2017**For calendar year 2017, or tax year beginning **06/01/17**, ending **05/31/18**

Name

Taxpayer Identification Number

CHARLOTTE COUNTY ART GUILD, INC.**59-6192800**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 96,650	122,745	26,095
	2. Membership dues and assessments	2. 63,165	48,599	-14,566
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 251,351	351,404	100,053
	5. Investment income	5. 76	84	8
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -332		332
	8. Net income or (loss) from fundraising events	8. 39,506		-39,506
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 13,012	23,535	10,523
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 463,428	546,367	82,939
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 169,217	158,115	-11,102
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 825	825	
	19. Occupancy, rent, utilities, and maintenance	19. 30,456	45,634	15,178
	20. Depreciation and Depletion	20. 36,048	36,019	-29
	21. Other expenses	21. 214,020	281,916	67,896
	22. Total expenses. Add lines 13 through 21	22. 450,566	522,509	71,943
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 12,862	23,858	10,996
Other Information	24. Total exempt revenue	24. 463,428	546,367	82,939
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 264,107	375,023	110,916
	27. Total assets	27. 373,604	395,733	22,129
	28. Total liabilities	28. 7,864	6,135	-1,729
	29. Retained earnings	29. 365,740	389,598	23,858
	30. Number of voting members of governing body	30. 13	13	
	31. Number of independent voting members of governing body	31. 13	13	
	32. Number of employees	32. 8	8	
	33. Number of volunteers	33. 200	220	

Form 990	Tax Return History	2017
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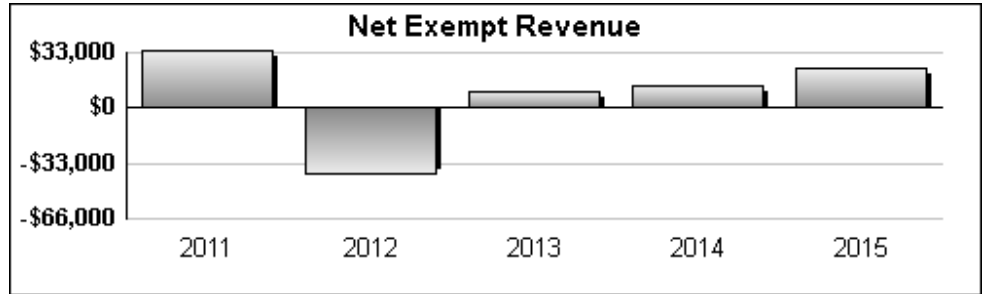
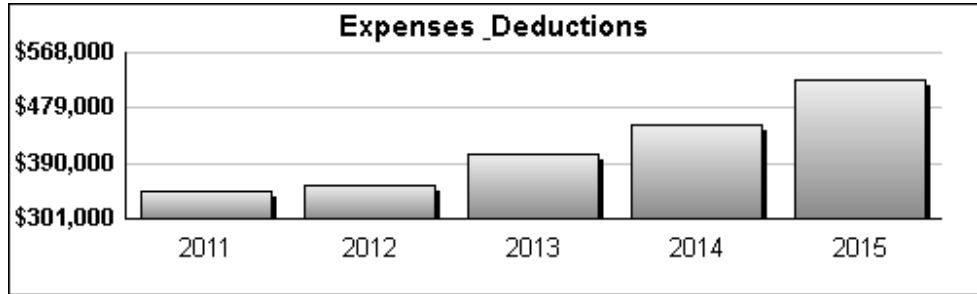
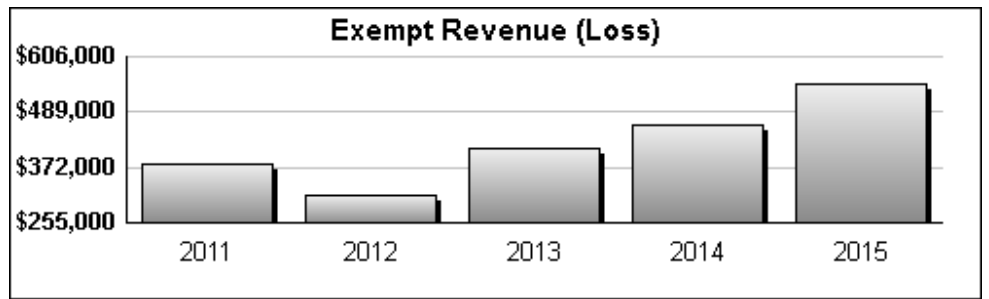
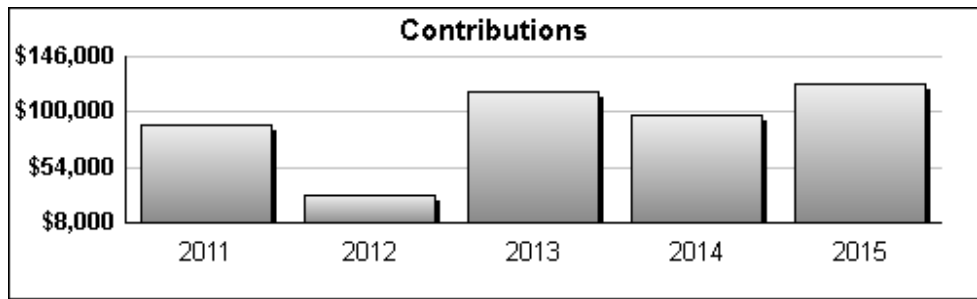
Name CHARLOTTE COUNTY ART GUILD, INC.	Employer Identification Number 59-6192800
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	89,511	31,522	116,451	96,650	122,745	
Membership dues	90,066	60,759	54,538	63,165	48,599	
Program service revenue	151,958	156,330	186,971	251,351	351,404	
Capital gain or loss				-332		
Investment income	58	59	64	76	84	
Fundraising revenue (income/loss)	38,041	52,300	45,312	39,506		
Gaming revenue (income/loss)						
Other revenue	9,817	12,852	10,351	13,012	23,535	
Total revenue	379,451	313,822	413,687	463,428	546,367	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	136,981	144,906	134,981	169,217	158,115	
Professional fees	5,219	825	898	825	825	
Occupancy costs	34,166	30,841	26,451	30,456	45,634	
Depreciation and depletion	17,747	21,956	54,295	36,048	36,019	
Other expenses	151,891	154,713	187,613	214,020	281,916	
Total expenses	346,004	353,241	404,238	450,566	522,509	
Excess or (Deficit)	33,447	-39,419	9,449	12,862	23,858	
Total exempt revenue	379,451	313,822	413,687	463,428	546,367	
Total unrelated revenue						
Total excludable revenue	161,833	169,241	197,386	264,107	375,023	
Total Assets	388,249	351,779	356,149	373,604	395,733	
Total Liabilities	3,042	6,310	4,358	7,864	6,135	
Net Fund Balances	385,207	345,469	351,791	365,740	389,598	

Form 990T	Tax Return History	2017
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Name CHARLOTTE COUNTY ART GUILD, INC.	Employer Identification Number 59-6192800
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	2013	2014	2015	2016	2017	2018
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*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

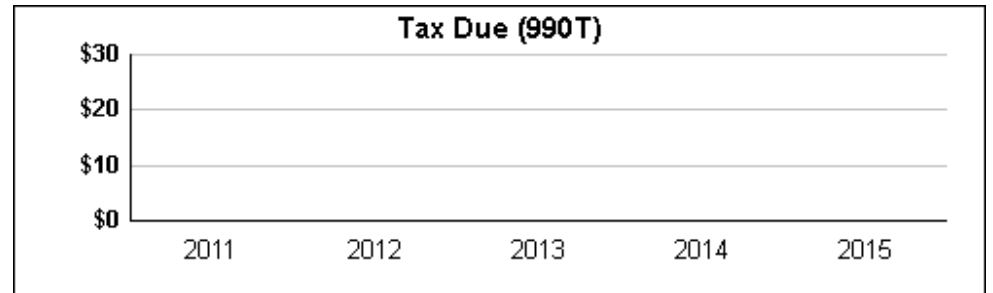
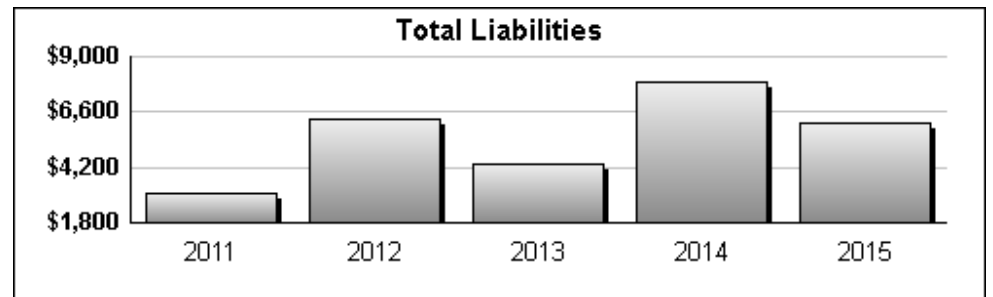
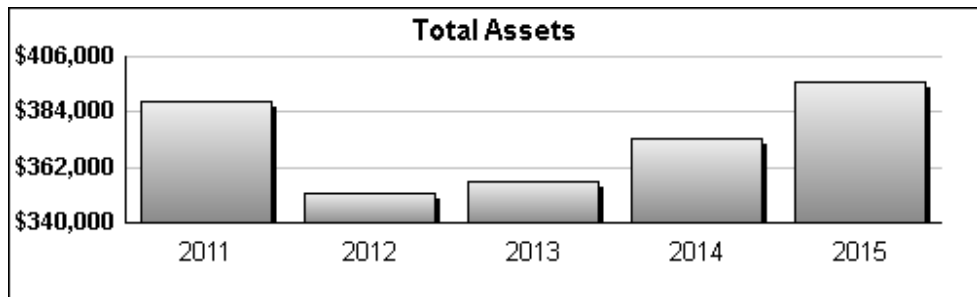


Form 990T	Tax Return History	2017
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Name CHARLOTTE COUNTY ART GUILD, INC.	Employer Identification Number 59-6192800
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
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						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST & DIVIDENDS	\$ 84		14			
TOTAL	<u>\$ 84</u>					

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
DUES	\$ 48,599
VAC ENDOWMENT TRUST	30,000
PUBLIC SUPPORT GENERAL	3,849
MISC	10,394
PORTRAIT/THREADS	4,702
ROTH FAMILY FOUNDATION CASH CONTRIBUTION	6,000
GETTEL OF CHARLOTTE COUNTY CASH CONTRIBUTION	11,000
CONSTANCE & WILLIAM ROBISON CASH CONTRIBUTION	5,000
JOHN & DONNA PETERMAN CASH CONTRIBUTION	8,600
BECKEY BOVELL CASH CONTRIBUTION	30,600
PAULA & BUCKY MCQUEEN CASH CONTRIBUTION	7,000
MARK BYRD CASH CONTRIBUTION	5,600
TOTAL	<u>\$ 171,344</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
MISC AND RENTAL INCOME	\$ 9,108
GIFT SHOP	64,987
PROGRAM SERVICES EDUCATION	184,816
PEACE RIVER NATIONAL	48,317
EXHIBITS/NATIONAL ART	84,209
FINA ARTS FESTIVAL	24,954
TOTAL	<u>\$ 416,391</u>

CH221 CHARLOTTE COUNTY ART GUILD, INC.
59-6192800
FYE: 5/31/2018

Federal Statements

9/5/2018

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST & DIVIDENDS	\$ 84
TOTAL	\$ 84