OLSEN, LYNCH & WRIGHT, CPAS PA 334 W OLYMPIA AVENUE PUNTA GORDA, FL 33950-4412 941-639-0888

August 25, 2020

CONFIDENTIAL

CHARLOTTE COUNTY ART GUILD, INC. 210 MAUDE ST PUNTA GORDA, FL 33950

Dear JANET WATERMEIER:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

Very truly yours,			
OLSEN, LYNCH & WRIGH	T, CPAS PA		
Accepted By:			
Date:			

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 06/01/19 , and ending 05/31/20

59-6192800

CHARLOTTE COUNTY ART GUILD, INC.

Net Asset / Fund Balance at Begin	ning of Year		_	501,858
Revenue				
Contributions	3	323,844		
Program service revenue	2	260,324		
Investment income		3,862		
Capital gain / loss		<u> </u>		
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		41,149		
Total revenue			629,179	
Expenses				
Program services	4	<u> 25,196</u>		
Management and general		85,678		
Fundraising				
Total expenses			510,874	
Excess / (deficit)				118,305
Changes			_	-1,439
Not Accet / Fund D	alance at End of Year			618,724
Reconciliation of R	evenue		Reconciliation of Ex	nansas
Total revenue per financial statements	evenue	Total evnense	es per financial statements	penses
Less:		Less:	s per illiandiai statements	
Unrealized gains		Donated	services	
Donated services			adjustments	
Recoveries		Losses		
Other		Other		
Plus:		Plus:		
Investment expenses		Investmer	nt expenses	
Other		Other	•	
Total revenue per return	629,179	Total	expenses per return	510,874
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	512,984	640,201		
Liabilities	11,126	21,477		
Net assets	501,858	618,724		<u>6</u>
	Miscellaneous II	nformation		
	Amended return		_	
	Return / extended due date	$10/15/2\overline{0}$		
	Failure to file penalty			

IRS *e-file* Signature Authorization for an Exempt Organization

-		

Department of the Treasury

For calendar year 2019, or fiscal year beginning 6/01, 2019, and ending 5/31, 20 20u Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Internal Revenue Service

u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
CHARLOTTE COUNTY ART GUILD, INC.	59-6192800
Name and title of officer ALEXIA MARTIN 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	ne 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 w	as 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, the state of the contract of the c	nen enter -0- on
the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ ☐ 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 2019 electronic return and accompanying schedules and statements and to the best of my knowledge ar	•
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 originates to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for	. ,
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applie	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) en	•
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owe	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Trea Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the final	
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer in	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the o	•
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
X authorize OLSEN, LYNCH & WRIGHT, CPAS PA 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 2019 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 control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program, I also authorize the control of the IRS Fed/State program and the IRS Fe	he 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 2019 electrons.	onically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch	•
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature }	08/20/20
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 2019 electronically filed return for the orga	anization
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernize	
Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature } RONALD L OLSEN Date }	08/20/20
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** (2019)

CH221 08/25/2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 2019

Open to Public Inspection

Α	For th	e 2019 c	alendar year, or tax year beginning	06/01/19	, and ending	05/	31/2	0				
В	Check if a	applicable:	C Name of organization						D Employe	r identification	number	
	Address o	change	CHARLOTT	E COUNTY A	ART GUILD,	INC.						
\equiv		_	Doing business as		-				59-6	192800		
닏	Name cha	ange	Number and street (or P.O. box if mail is not delive	vered to street address	3)			Room/suite	E Telephone	e number		
	Initial retu	ım	210 MAUDE ST						941-	<u>639-88</u>	10	
	Final retu terminated		City or town, state or province, country, and ZIP of	or foreign postal code								
$\overline{}$			PUNTA GORDA			G Gross red	peipts\$	716	,205			
님	Amended	a return	F Name and address of principal officer:								٦ ٧	X No
Ш	Application	n pending	JANET WATERMEIER					H(a) Isthisagro	up return tor s	subordinates?	Yes	₽ No
								H(b) Are all sub-	ordinates inclu	ıded?	Yes	∐ No
								If "No,"	attach a list.	(see instructions	s)	
$\overline{}$	Tax-exer	mpt status:	X 501(c)(3) 501(c) ()	t (insert no.)	4947(a)(1) or	527						
J	Website	·u V	ISUALARTCENTER.ORG	, ,	, , , ,			H(c) Group exer	notion numbe	r u		
<u>. </u>		organization:		n Other u			I Ye	ar of formation: 1		M State of leg	nal domicil	FL
	art I		ımmary				12 10	a orionnator. —		III CILLIC OI IO	gar dorriidi	<u>. </u>
•	т —		scribe the organization's mission or mos	st significant activ	vities:							
	' '		PROMOTE THE ARTS	st significant activ								
Se		· . 	ROMOTE THE PARTS									
'na												
Governance	9	Chock this	s box u if the organization disconting									
			of voting members of the governing body	•	`				ا م ا	14		
ø ″				•						14		
Activities	4	Tatal assess	of independent voting members of the go	verning body (Part)	art vi, line ib)				. 4	8		
Ξ̈́			nber of individuals employed in calendar		v, line za)					209		
Ā			nber of volunteers (estimate if necessary							209		
			elated business revenue from Part VIII, o									0
	b	Net unrela	ated business taxable income from Form	n 990-1, line 39 .		<u> </u>		Prior Yea	. 7b	Cum	ent Year	0
		Contributi	one and grants (Part VIII line 1h)	-		4,583	Curr	323,	844			
ne	0	Contribution	ons and grants (Part VIII, line 1h)	·····		7,362		260				
Revenue	9	Program s	service revenue (Part VIII, line 2g)	4			····-		108			
Re	10	investmer	nt income (Part VIII, column (A), lines 3,	4, and 7d)			····-	20				862
			renue (Part VIII, column (A), lines 5, 6d, 8						9,002			149
			enue – add lines 8 through 11 (must equ		nn (A), line 12) <u>.</u>	<u> </u>		69.	L,055		629	
	1		nd similar amounts paid (Part IX, column				-					0
			paid to or for members (Part IX, column (4.5	- 060		100	006
es			other compensation, employee benefits					17:	5,263		187,	226
xpenses	16a	Profession	nal fundraising fees (Part IX, column (A)	, line 11e)								0
ğ			draising expenses (Part IX, column (D), I			0						
Ш			penses (Part IX, column (A), lines 11a-1						3,791		323,	
	18	Total expe	enses. Add lines 13–17 (must equal Par	t IX, column (A),	line 25)				9,054		510,	
. "		Revenue	less expenses. Subtract line 18 from line	e 12					2,001		118,	305
SOC		-	(5 .) (1					Beginning of Cur		End	of Year	201
Net Assets or Fund Balances	20		""" (D +) (I' = 00)						2,984		640,	
	21								1,126			477
			s or fund balances. Subtract line 21 from	n line 20		<u></u>		50.	L , 858		<u>ото'</u>	724
	art II		gnature Block									
			perjury, I declare that I have examined this return of preparer (other than of						my knowle	dge and belief	, it is	
	ue, cone	T k	implete. Declaration of preparer (other than or	incer) is based on a	all illioimation of wit	cii piepai	iei iias ai	iy kilowledge.				
٠.		_	×									
Sig		S	signature of officer						Date			
He	re	-	ALEXIA MARTIN			PR	ESID	ENT				
		+ ' - '	ype or print name and title									
		Print/Type	preparer's name	Preparer's signa	ature			Date	Check	if PTIN	l	
Paid		RONALD	L OLSEN	RONALD L				08/25/	/20 self-em		L26236	
	parer	Firm's nar			r, CPAS F	A		F	irm's EIN }	65-1	0428	303
Use	Only		334 W OLYMPIA									
		Firm's add	dress } PUNTA GORDA,	FL 3395	50-4412			Р	hone no.	941-6	39-0	888
May	the IR	RS discuss	s this return with the preparer shown about	ove? (see instruc	tions)						Yes	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	O 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 X 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 X 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.	
_	/O -	•
	(Code:) (Expenses \$ 425,196 including grants of \$) (Revenue	\$)
T	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.	
	O DISPLAY AND LEARN ABOUT ART.	
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4h	(Code: \ \ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(¢ \
	(Code:) (Expenses \$ including grants of \$) (Revenue	
	(Code:) (Expenses \$ including grants of \$) (Revenue 1/A	
	Ι/ Δ	
	Ι/ Δ	
	Ι/ Δ	
	I/A	
	Ι/ Δ	
	I/A	
N	I/A	
N 4c	I/A	
N 4c	(Code:) (Expenses \$ including grants of \$) (Revenue	
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N 4c	(Code:) (Expenses \$ including grants of \$) (Revenue	
4c N	(Code:) (Expenses \$ including grants of \$) (Revenue 1/A	
4c N	(Code:) (Expenses \$ including grants of \$) (Revenue I/A Other program services (Describe on Schedule O.)	
4c N	(Code:) (Expenses \$ including grants of \$) (Revenue 1/A	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			,,
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		٦,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	١,		x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u		11a	х	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	· · · ·		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	l .		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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? If "Yes," complete Schedule J X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Х 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 61 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

X

1c

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Х a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes." enter the name of the foreign country **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand С Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

59-6192800 Form 990 (2019) CHARLOTTE COUNTY ART GUILD, INC. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. $|\mathbf{x}|$ Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 14 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 Enter the number of voting members included on line 1a, above, who are independent b 1b 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 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Х X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 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? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х 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 10a 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? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u NONE** 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records u JANET WATERMEIER

PUNTA GORDA

financial statements available to the public during the tax year.

210 MAUD ST

FL 33950

941-639-8810

20

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. See instructions for the order in which to list the persons above.

Keck 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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) BECKY BOVELL									
	0.00								_
DIRECTOR	0.00	X					0	0	0
(2) PAT CAMPAGNA									
	0.00								
DIRECTOR	0.00	Х					0	0	0
(3) MARY CAVANAGH									
	0.00								
DIRECTOR	0.00	X					0	0	0
(4) ALISSA DESGUIN	0.00								
	0.00	٠,						_	•
DIRECTOR (5) MIRANDA FIELDS	0.00	х					0	0	0
(5) MIRANDA FIELDS	0.00								
DIRECTOR	0.00	x					0	0	0
(6) MARY HARBOUR	0.00							0	<u> </u>
(0) FIRICI FIREBOOK	0.00								
SECRETARY	0.00	x		$ \mathbf{x} $			0	0	0
(7) ELLEN HARVEY	0.00			^				0	
	0.00								
DIRECTOR	0.00	x					0	0	0
(8) ROSWITHA HERGENH		<u> </u>							
(8) 110 2 11 11 11 11 11 11 11 11 11 11 11 11 1	0.00								
DIRECTOR	0.00	x					0	0	0
(9) ALEXIA MARTIN									
(0,	0.00								
PRESIDENT	0.00	х		x			0	0	0
(10) DONNA PETERMAN									
` '	0.00								
VP/TREASURER	0.00	х		x			0	0	0
(11) CONSTANCE ROBISO									
	0.00								
ET PRESIDENT	0.00	Х		x			0	0	0

Part VII	Section A. Officers	, Directors, Trus	stees	s, Ke	у Ег	nplo	yees	s, ar	d Highest Compensated	Employees (continued)			
	(A) (B) Name and title Average hours per week (list any		bo of	x, unle	check ess pe	ition more rson i:	than o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) timated am of other compensation	ion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	1	ganization ed organiz	
(12) J	UDI ROTH												
DIRECTOR		0.00	x						0	0			0
	EVERLY YANKW	/ITT											
DIRECTOR		0.00	x						0	0			0
		AKOS											
DIRECTOR		0.00	x						o	o			0
	al							u					
	rom continuation shee add lines 1b and 1c)	•						u u					
2 Total n	umber of individuals (inc	luding but not lim	nited	to th	ose	listed	d abo	ve)	who received more than \$1	00,000 of			
									or highest compensated			3	res No
4 For any organiz	y individual listed on line ation and related organi	1a, is the sum of izations greater the	of rep	ortab \$150	ole co ,000'	ompe ? <i>If "</i>	ensat 'Yes,'	ion a " con	and other compensation fror nplete Schedule J for such	m the			
5 Did any	person listed on line 1a	a receive or accr	ue c	ompe	ensat	ion f	rom :	any	unrelated organization or inc	dividual		4	X
	vices rendered to the organization		es," c	ompi	ete S	<u>Sche</u>	dule	J to	r such person		<u></u>	5	<u> </u>
									tors that received more than				
		(A) I business address	проп	outio		1110	oaioi	luui		(B) tion of services		Comp	(C) pensation
	umber of independent cod more than \$100,000 c								listed above) who	0			

Form 990 (2019) CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt (C) Unrelated Revenue excluded function revenue from tax under business revenue sections 512-514 Gifts, Grants ilar Amounts 1a 1a Federated campaigns **b** Membership dues 44,865 1b **c** Fundraising events 1c **d** Related organizations 32,210 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 246,769 1f g Noncash contributions included in lines 1a-1f 1g |\$ 323,844 h Total. Add lines 1a-1f Business Code 194,127 194,127 PROGRAM SERVICES EDUCTATION Program Service Revenue 42,490 42,490 EXHIBITS/NATIONAL ART PEACE RIVER NATIONAL 21,900 21,900 MISC AND RENTAL INCOME 1,807 1,807 f All other program service revenue u 260,324 q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 3,862 3,862 u Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory Other Revenue b Less: cost or other basis and sales exps. 7h c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ... u 10a Gross sales of inventory, less 10a 128,175 returns and allowances **b** Less: cost of goods sold 87,026 10b c Net income or (loss) from sales of inventory 41,149 41,149 u Business Code iscellaneous Revenue

u

u

629,179

301,473

3,862

0

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

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

Secu	Check if Schedule O contains a respon			e Column (A).	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одреносо	general expenses	охреноев
•	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	187,226	140,419	46,807	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting				
d	, o				
e	Professional fundraising services. See Part IV, line 17				
t	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	43,407	43,407		
12	0#:	98,273	66,649	31,624	
13	Office expenses	90,213	00,049	31,024	
14 15	Information technology				
16	Royalties	20,332	15,249	5,083	
17	Occupancy Travel	20,332	15/215	3,003	
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	27,424	25,260	2,164	
23	Insurance	20,647	20,647		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COGS	112,604	112,604		
b	RESTRICTED FUND EXP	957	957		
С	EXP TO BAL/ROUNDING	4	4		
d					
е			100 101	25 552	
25	Total functional expenses. Add lines 1 through 24e	510,874	425,196	85,678	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 $\ddot{\mathbf{u}}$ if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			123,573	1	205,874
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 any current or former					
	trustee, key employee, creator or founder, substantial	•	·			
	controlled entity or family member of any of these pers				5	
6	Loans and other receivables from other disqualified pe					
	under section 4958(f)(1)), and persons described in se	•			6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			10,446	8	15,589
9	Prepaid expenses and deferred charges				9	
_	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	1,113,275			
h	Less: accumulated depreciation		694,537	378,965	10c	418,738
11	Investments—publicly traded securities			0.0,000	11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	later allela accesta				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			512,984	16	640,201
17	Accounts payable and accrued expenses			312/301	17	010,201
18	Grants navable				18	
19	Grants payable				19	
20	Deferred revenue				20	
21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV	of Schadula F			21	
22	Loans and other payables to any current or former offi		´ · · · · · · · · · · · · · · · · · · ·			
	trustee, key employee, creator or founder, substantial		35%			
	controlled entity or family member of any of these pers				22	
23					23	
24	Unsecured notes and loans payable to unrelated third	narties			24	
25	Other liabilities (including federal income tax, payables					
23	parties, and other liabilities not included on lines 17-24					
	of Schedule D	. Complete i	art A	11,126	25	21,477
26				11,126	26	21,477
20	Organizations that follow FASB ASC 958, check he			11/120	20	22,17
	and complete lines 27, 28, 32, and 33.	, c u				
27					27	
28				28		
-0	Organizations that do not follow FASB ASC 958, c	hack hara I I	<u>x</u>			
	and complete lines 29 through 33.	neok nere G				
29	Conital stock or trust principal or surrent funds				29	
30	Paid-in or capital surplus, or land, building, or equipme				30	
31	Retained earnings, endowment, accumulated income,			501,858	31	618,724
32	Total and provide on fixed belongs			501,858	32	618,724
٥2	Total liabilities and net assets/fund balances			512,984	33	640,201

Form **990** (2019)

OIII	1990 (2019) CHARDOTTE COUNTY ART GOTED, THC: 53-0132000			ra	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	62	<u> 29 , 2</u>	179
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>874</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 305</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50	1,8	858
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 on Schedule O)	9	-	-1,4	439
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	61	L8,	724
Pa	rt 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: X Cash Accrual 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required guilt or guilte, explain why an Schodule O and describe any stone taken to undergo such guilte		26		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2040

Open to Public Inspection

Name of the organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number 59-6192800

Pa	rt I	Reas	on for Public Charity	Status (All organizations i	must co	mplete	this part.) See instruction	S.		
The o	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)				
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)(A)(i).			
2	П	A school des	cribed in section 170(b)(1)(A	ned in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П			e organization described in secti						
4	Н	•	·	in conjunction with a hospital des	•			ital's name.		
-	ш	city, and state						,		
5	П	-		a college or university owned or			arnmental unit described in			
3	Ш	_	(b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	operated	by a gove	chilichai din described in			
6				vernmental unit described in sec	tion 170	/h)/1)//\	٨			
7	Н		•							
′	Ш	-	section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from	a govern	mental un	it of from the general public			
8				70(b)(1)(A)(vi). (Complete Part II	.)					
9	Н	-		ribed in section 170(b)(1)(A)(ix)	•	in coniur	action with a land-grant college			
	ш	-	~	agriculture (see instructions). En	•	-				
		university:				-	•			
10	X			more than 33 1/3% of its support						
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) n	o more than 33 1/3% of its			
				I unrelated business taxable inco			11 tax) from businesses			
		acquired by the	ne organization after June 30,	1975. See section 509(a)(2). (Complete	Part III.)				
11	Ц	An organization	on organized and operated ex	clusively to test for public safety.	. See sec	tion 509(a)(4).			
12		-	•	clusively for the benefit of, to per						
				ations described in section 509(a						
			-	at describes the type of supportin			•	g.		
	а			rated, supervised, or controlled by		-				
			• ,, ,	er to regularly appoint or elect a r		the direc	tors or trustees of the			
		\neg	•	mplete Part IV, Sections A and						
	b			ervised or controlled in connection			• ,, •			
			-	ng organization vested in the sar	ne persor	is that coi	ntrol or manage the supported			
	С	\Box	on(s). You must complete I functionally integrated. A si	upporting organization operated in	n connect	ion with.	and functionally integrated with.			
	_			ructions). You must complete P						
	d		, ,	 A supporting organization opera)		
			• •	organization generally must satis	-					
		_ `	,	ust complete Part IV, Sections						
	е			ived a written determination from -functionally integrated supporting			Type I, Type II, Type III			
	f		nber of supported organizatio	, , , , , ,	g Organiza	ation.				
	g		ollowing information about the							
ſï		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
ν.	•	ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see		
				above (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
/E\										
(E)										
Total	ı									

Page 2

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		•	•	•	•		
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
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,				(3)		
	organization, check this box and stop here	·						▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage					-
14	Public support percentage for 2019 (line 6,	column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2018 Scheo		4.4				15	%
16a	33 1/3% support test—2019. If the organiz	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this		
	box and stop here. The organization qualif	ies as a publicly si	upported organization	on				▶ □
b	33 1/3% support test—2018. If the organize	zation did not chec	k a box on line 13					
	this box and stop here. The organization q							▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fac	cts-and-circumstand	ces" test. The orga	nization qualifies as	a publicly support	ed		
	organization		-					▶ □
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization	-						
	Explain in Part VI how the organization me				•	cly		
				_				▶ □
18	Private foundation. If the organization did							
	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.)

Sec	tion A. Public Support			, р.с	,		
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")	170,989	159,815	171,344	194,583	323,844	1,020,575
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	310,058	353,193	416,391	565,408	388,499	2,033,549
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	481,047	513,008	587,735	759,991	712,343	3,054,124
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						3,054,124
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	481,047	513,008	587,735	759,991	712,343	3,054,124
10a	Gross income from interest, dividends,	101/01/	323,000	3017133	,33,331	7127515	3,031,121
IVa	payments received on securities loans, rents, royalties, and income from similar sources	64	76	84	108	3,862	4,194
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	64	76	84	108	3,862	4,194
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.)	481,111	513,084	587,819	760,099	716,205	3,058,318
14	First five years. If the Form 990 is for the				-	-	2,122,022
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su	ipport Percenta	ige				
15	Public support percentage for 2019 (line 8,	column (f), divided b	y line 13, column	(f))		15	99.86%
<u>16</u>	Public support percentage from 2018 Sched	dule A, Part III, line 1	l5				99.99 %
	tion D. Computation of Investme						
17	Investment income percentage for 2019 (lin			column (f))			<u>%</u>
18	Investment income percentage from 2018 S						<u>%</u>
19a	33 1/3% support tests—2019. If the organ						▶ 🗓
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2018. If the organ	· ·					
IJ	line 18 is not more than 33 1/3%, check this			·		· ·	▶ □
20	Private foundation. If the organization did	•	ŭ		, ,,		

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

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

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	- 55		
	4a		
	4b		
	7.0		
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	9a		
	9b		
	9с		
	10a		
A (F	10b orm 99	00 or 990	-FZ) 2010
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- 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.
- Parent of Supported Organizations. Answer (a) and (b) below.
- 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.
- 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 Or	_		Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
instructions. All other Type III non-functionally integrated supporting organizations mus	st 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 sup	pporting organization (see	
instructions).	•		

Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	S				
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations				
	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)					
<u>6</u>	Other distributions (describe in Part VI). See instructions.					
<u>7</u>	Total annual distributions. Add lines 1 through 6.	on in roononsiyo				
8	Distributions to attentive supported organizations to which the organization	on is responsive				
9	(provide details in Part VI). See instructions.					
10	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)		
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
	From 2014					
b	From 2015					
	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form	990 or 990-EZ) 2019	CHARLOTTE	COUNTY A	RT GUILD,	INC.	59-6192800	Page 8
Part VI	Supplemental	Information. Providert IV, Section A, lines 1	the explanatio	ns required by	Part II, line 10		17b; Part
	B, lines 1 and	2; Part IV, Section C,	line 1; Part IV,	Section D, line	s 2 and 3; Par	t IV, Section E, lines	1c, 2a, 2b,
	3a, and 3b; Pa	art V, line 1; Part V, Se	ction B, line 1e	; Part V, Section	on D, lines 5, 6	6, and 8; and Part V,	Section E,
	lines 2, 5, and	6. Also complete this	part for any ad	ditional informa	ation. (See ins	tructions.)	
• • • • • • • • • • • • • • • • • • • •							

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Employer identification number

CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **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 X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GETTEL OF CHARLOTTE COUNTY 1801 TAMIAMI TR PUNTA GORDA FL 33950	\$ 7,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHRISTEL GERDEL 3351 TRINIDAD CT PUNTA GORDA FL 33950	\$ 27,405	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	JOHN & DONNA PETERMAN 713 W RETTA ESPLANADE PUNTA GORDA FL 33950	\$ 5,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	MARK BYRD 96 VIVANTE BLVD # 9637 PUNTA GORDA FL 33950	\$ 5,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KATHRYN STABER TRUST 23053 WESTCHESTER BLVD PORT CHARLOTTE FL 33980	\$ 60,755	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SHELLY SOCHA 101 N MARION CT #221 PUNTA GORDA FL 33950	\$ 10,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CHARLOTTE COUNTY ART GUILD, INC.

Employer identification number 59-6192800

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FRANK MORRISSEY 26185 STILLWATER CIR PUNTA GORDA FL 33955	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

U 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located u Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining	g Collections of A	Art, Historical	Treasures, or	Other Simila	ar Ass	ets (c	ontinue	d)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records, c	heck any of the fo	ollowing that make	significant use of	its				
а	Public exhibition	d 🗍 l	oan or exchange	program						
b	Scholarly research	e 🗌 (Other							
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain ho	ow they further the	e organization's exe	empt purpose in F	Part				
	XIII.									
5	During the year, did the organization solicit of	or receive donations of a	art, historical treas	ures, or other simil	ar					
	assets to be sold to raise funds rather than t	o be maintained as par	t of the organization	on's collection?				Yes		No
Pa	rt IV Escrow and Custodial A	rrangements.								
	Complete if the organization	n answered "Yes"	on Form 990,	Part IV, line 9,	or reported a	n amo	unt on	Form		
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedian	y for contributions	or other assets no	t			_	_	
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escrow or cu	ustodial account lial	oility?			Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	anation has been	provided on Part X	III		<u></u>			
Pa	rt V Endowment Funds.	1 (0.4		.						
	Complete if the organizatio									
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Th	ree years b	oack	(e) Four ye	ears b	ack
	Beginning of year balance						$-\!+$			
	Contributions						$-\!+$			
С	Net investment earnings, gains, and									
	losses						$-\!+$			
d	Grants or scholarships						$-\!+$			
е	Other expenditures for facilities and									
_	programs						-+			
f	Administrative expenses						-+			
g	End of year balance									
2	Provide the estimated percentage of the curr	,	ine 1g, column (a)) held as:						
	Board designated or quasi-endowment u	%								
	Permanent endowment u %									
С	Term endowment u %	ould agual 1000/								
20	The percentages on lines 2a, 2b, and 2c sho	•	n that are hald an	d administered for	th a					
Зa	Are there endowment funds not in the posse	ssion of the organization	n that are neid an	a administered for	ıne			[v	es	No
	organization by: (i) Unrelated organizations							$\overline{}$	es	NO
	(ii) Deleted executations							3a(i)	\dashv	
L	(ii) Related organizations	ations listed as required						3a(ii) 3b	\dashv	
4								SD		
Pa	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equ		nent iunas.							
ГС	Complete if the organizatio	-	on Form 990	Part IV/ line 11	a See Form	aan P	art Y	lina 10		
	Description of property	(a) Cost or other ba		st or other basis	(c) Accumulate			(d) Book val		
	Description or property	(investment)	(b) C0	(other)	depreciation	u		(a) DOOK Val	ue.	
10	Land			,						
	Land			576,822	444	,688		132	2 1	34
n	Buildings Leasehold improvements			350,496		, 195		246		
	Leasehold improvements			100,681		, <u>195</u> , 486				.95
	Equipment Other			85,276		,168				.08
	Other		column (B), line		<u> </u>	<u>, 100</u>		418		

Schedule D (Fo	orm 990) 2019 CHARLOTTE COUNTY AR '	T GUILD,	INC.	59-6192800	Page 3
Part VII	Investments – Other Securities.	on Form 000	Dort IV/	line 11h See Form 000 De	rt V line 12
	Complete if the organization answered "Yes" (a) Description of security or category		, Part IV, I Book value		
	(including name of security)	(6)	BOOK Value	(c) Method of v	
(1) Financial of	lavirati ca				
	d equity interests				
(0) 01		I			
(A) (B)					
(C)					
(D)					
(E)					
\ -					
(C)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments – Program Related.	u			
rait VIII	Complete if the organization answered "Yes"	on Form 990	Part I\/ I	line 11c See Form 900 Par	rt Y ling 13
	(a) Description of investment		Book value	(c) Method of v	
	(a) Description of investment	(6)	DOOK Value	Cost or end-of-year	
(4)					
(1)				-	
(2)					
(3)				-	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)	u			
Part IX	Other Assets.	u			
I dit ix	Complete if the organization answered "Yes"	on Form 990	Part IV I	line 11d See Form 990 Pa	rt X line 15
	(a) Description	011 1 01111 000	, , ait iv, i	110 110 200 1 0111 000, 1 0	(b) Book value
(1)	(a) 2000.ipito.ii				(D) Doon value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 15.)			u	
Part X	Other Liabilities.				
1 4.1 71	Complete if the organization answered "Yes"	on Form 990	Part IV	line 11e or 11f See Form 9	90 Part X
	line 25.	0	, . a, .		50, 1 (11.71,
1.	(a) Description of liability				(b) Book value
	ncome taxes				(4)
(2) PAYRO					9,820
	T CARDS				5,101
	REDITS				4,017
(5) GIFT					2,388
	TAX PAYABLE				151
(7)					
(8)					
	(b) must equal Form 990, Part X, col. (B) line 25.)			u	21,477
. J.a.: (Oolailii)	(2) by and both both tart 1, both (b) into 20.)	<u> </u>			

Subtract line 2e from line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	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.		
•		
•		

4a

3

Schedule D (Fo	orm 990) 2019	CHARLOTTE I Information (COUNTY	ART	GUILD,	INC.	59-6192800	Page 5
Part XIII	Supplementa	I Information	(continued)					
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Name of the organization u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 FORM 990, PART I, LINE 6 ASSIST WITH OPERATION OF ART FACILITY FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS 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 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION PY DEP ADJ -1,439

Department of the Treasury (99)Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

CHARLOTTE COUNTY ART GUILD, INC. 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. 1,020,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2020. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 17,778 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2019 9,646 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction service only-see instructions) 3-year property 19a b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. 30-year C 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 27,424 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

CH221 CHARLOTTE COUNTY ART GUILD, INC.

59-6192800

Federal Asset Report Form 990, Page 1

FYE: 5/31/2020

Bus Sec Date Basis % 179 Bonus for Depr Per Conv Meth Description In Service Cost Prior Current Asset Prior MACRS:

26 POTTERY STUDIO EQUIPMENT
30 CHAFING DISHES 7/23/02 4,245 6,064 5 HY 200DB 6,064 5 HY 200DB 5 HY 200DB 7 HY 200DB 4/01/04 109 109 DELL DIMENSION 3100 4/12/06 614 614 0 CAMERA, MICROPHONE & EQPT 2/25/11 2,108 2,108 0 7 HY 200DB 0 7 HY 200DB 2,495 10 HY S/L 1,084 7 HY 200DB **DUMPSTER** 3/18/11 1,136 1,136 0 GLASS DISPLAY UNITS - GIFT SHOP 4/12/11 553 0 PHILCO 5 TON AC UNIT 3/06/13 4,991 4,118 81 249 1,084 7 HY 200DB 3,100 10 MQ200DB NEW KILN 7/20/12 2,169 2,121 48 A/C UNIT-13 SEER 410A PURON 5/19/14 6,200 4,219 407 MQ200DB HY 200DB HY 200DB 20 TON JEWELRY PRESS 7/08/13 550 1,046 1,100 48 AC UNIT 89 8/11/14 2,495 1,247 2,423 72 AC COIL EXTERIOR REP PAINT 9/22/14 1,483 741 1,440 43 91 7/01/14 18,254 MM S/L 18,254 2,282 468 INTERIOR REP PAINT 9/01/14 1,055 1,055 MM S/L 127 27 GALLERY LIGHTING GALLERY LIGHTING 39 39 7,233 93 1/17/15 7,233 MM S/L 811 186 6,291 94 2/26/15 6,291 MM S/L 692 162 GIFT SHOP LIGHTING 543 MM S/L 5/19/15 543 56 14 3,500 ROOF TILE REPAIR 7/03/14 3,500 MM S/L 437 90 15 HY 150DB 5 HY 200DB 5 HY 200DB $_{\mathrm{X}}^{\mathrm{X}}$ 97 **SIGNAGE** 1/01/15 4,531 2,265 3,119 141 HP DESKTOP BOOKKEEPER 98 10/01/15 896 448 819 51 A/C UNITS 15,550 28,413 99 9/09/15 31,100 1,791 POTTERY STUDIO DOOR HIGH TOP TABLES GALLERY LIGHTING 39 MM S/L 7 HY 200DB 9/11/15 1,481 100 1,481 141 38 6/30/15 1,501 751 101 1,266 67 HY 200DB 2,502 1,251 102 2,111 112 SIGNAGE SKY LIGHT 10,575 15 HY 150DB 13,826 103 1/21/16 21,150 733 104 943 39 MM S/L 24 HY 200DB MQ200DB KILN REPAIRS 105 5/31/16 3,900 1,950 3,563 225 SLAB ROLLER 750 375 49 107 12/20/16 579 KILN-MEGA COIL 3" BRICK/240 VOLT MQ200DB MQ200DB 5/22/17 1,343 2,026 189 108 2,687 109 9 PEDESTALS 12/20/16 1,262 631 975 82 HOT WATER HEATER MO150DB 1/16/17 437 534 34 KITCHEN FXITURES-ICE MAKER, VAR 3/21/17 GLASS WINDOW 10/15/16 MQ200DB 1,615 808 1,218 113 111 39 412 MM S/L 10 GLASS INSERTS-2 DOORS 1/19/17 MM S/L 113 750 750 46 19 MQ200DB MQ200DB 28 70 250 **PAINTING** 7/06/16 404 114 500 27 CHAIRS 3/10/17 1,000 500 754 115 MQ200DB MQ200DB 5/19/17 2,896 1,448 2,184 203 LIGHTING 116 SOUND SYSTEM 3/20/17 2,283 1,141 1,722 160 TEQUIPMENT-NUC SERVER, VARIOU 5/29/17
POINT OF SALE SYSTEM 5/31/17
WIRELESS CAMERA/MONITOR 5/29/17 2,300 1,712 MQ200DB MQ200DB 1,150 118 1,907 157 119 856 1,419 117 MQ200DB 120 547 77 MQ200DB MQ200DB HY 200DB HY 200DB 5 POLYCOM PHONES 70 5/29/17 998 499 753 121 122 POINT OF SALE SYSTEM-IPAD 6/13/17 1,029 514 782 99 FURNITURE-FRONT-POS SYSTEM 12/19/17 123 4,834 0 4,834 0 5 HY 200DB POS SYSTEM HARDWARE 1/20/18 124 4,636 0 4,636 0 125 WOOD VINYL FLOORING 1/09/18 37,774 37,774 MM S/L 1,332 968 GIFT SHOP RENOVATION 10,965 10,965 39 MM S/L 1/09/18 387 126 281 127 2018/2019 improvements 3/01/19 75,052 75,052 39 MM S/L 401 1,924 7 MQ200DB 2019 F&F 3/01/19 40,955 X 0 40,955 0 330,281 221,672 152,395 9,646 Other Depreciation: BUILDING 8/31/89 225,000 225,000 40 MO150DB 173,995 4.976 BUILDING 40 MO150DB 275,000 275,000 5/31/90 207,164 6,167 5/31/91 40 MO150DB BUILDING 30,000 30,000 21,905 674 40 MO150DB BUILDING 5/31/93 35,202 35,202 24,117 792 8,120 **NEW OFFICE** 11/30/00 8,120 40 MO150DB 4,188 182 3/01/96 MO150DB 15 **EQUIPMENT** 69 69 0 REFRIGERATOR 3/05/99 2,009 2,009 MO150DB 2,009 0 SOUND SYSTEM EQUIPMENT 11/30/98 2,954 MO150DB 2,954 2,954 0 8/01/99 MO150DB 21 SOUND SYSTEM 511 511 0 9,974 9,974 **NEW SIGN** 4/11/01 9,974 MO150DB 40 MO150DB 40 MO150DB BLDG. IMPROV 35 711 9/22/95 1,138 1,138 26 **BLDG IMPROV** 10/20/95 2,056 75 5 3,299 3,299 40 MO150DB 37 **BLDG IMPROV** 11/14/95 227 227 141 **BLDG IMPROV** 40 4 38 12/27/95 162 162 MO150DB 100 **BLDG IMPROV** 4/01/96 217 40 MO150DB 217 134

08/25/2020

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Federal Asset Report FYE: 5/31/2020 Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Dor	Conv Meth	Prior	Current
					_ <u>179 bonu</u> s .					
40	BLDG IMPROV	5/01/96	440			440	40	MO150DB	270	10
41	BLDG IMPROV	7/15/96	791			791	40	MO150DB	483	18
42	KITCHEN CABINETS	5/31/97	350			350	40	MO150DB	208	8
43	ACCOUSTICAL	5/31/98	5,309			5,309	39	MO150DB	3,102	123
44	ACCOUSTICAL	11/30/99	2,552			2,552	39	MO150DB	1,403	59
45	CARPETING	8/01/99	1,617			1,617	7	MO150DB	1,617	0
46	LANDSCAPING	1/26/00	1,598			1,598	5	MO150DB	1,598	0
47	TILE	5/01/00	773			773	10	MO150DB	773	0
48	EXPANSION TO BLDG	4/04/02	103,486			103,486	40	MO150DB	50,241	2,332
64	6 & 8 FOOT BANQUET TABLE	4/24/02	2,165			2,165	7	1.10 8/2	2,165	0
70	PR EGRET PAINTING	4/18/07	2,430			2,430	7	MO S/L	2,430	0
106	1 HIGH END COMPUTER	5/20/11 11/30/19	400			400	39	MO 200DB	400	0 379
129	2020 BUILDING IMPROVEMENTS 5 TON AC UNIT	7/01/19	29,537			29,537	15	MO S/L MO S/L	0	
130 131	ONLINE CLASS SET UP	5/31/20	4,600 5,486			4,600 5,486		MO S/L MO S/L	0	281
131	AC UNIT FOR OFFICE	11/30/19	3,480			3,480	5	MO S/L MO S/L	0	350
132	SNACKBAR COFFEE MAKER	8/30/19	1,082			1,082	_	MO S/L MO S/L	0	162
133	42 LOCKERS	8/30/19	6,951			6,951	15		0	348
135	JEWERLY STUDIO IMPROVEMENTS	8/30/19	16.046			16,046	15		0	802
133		0/30/17	-,				13	WO 5/L		
	Total Other Depreciation	_	782,995			782,995			514,718	17,778
	T () A CIDC		702.005			702.005			514510	17.770
	Total ACRS and Other Depre	eciation _	782,995			782,995			514,718	17,778
	Grand Totals		1 112 276			1 004 667			667 112	27.424
	0 - 111-11	A-WG	1,113,276			1,004,667			667,113 0	27,424
	Less: Dispositions and Transf	C18	0			0			0	0
	Less: Start-up/Org Expense	-				0				
	Net Grand Totals	=	1,113,276		:	1,004,667			667,113	27,424

08/25/2020

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 AMT Asset Report

08/25/2020

FYE: 5/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 76 77 79 81 82 83 84 89 90 91 92 93 94 95 96 97 98 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115	MACRS: CAMERA, MICROPHONE & EQPT DUMPSTER GLASS DISPLAY UNITS - GIFT SHOP PHILCO 5 TON AC UNIT NEW KILN A/C UNIT-13 SEER 410A PURON 20 TON JEWELRY PRESS AC UNIT AC COIL EXTERIOR REP PAINT INTERIOR REP PAINT INTERIOR REP PAINT GALLERY LIGHTING GALLERY LIGHTING GALLERY LIGHTING ROOF TILE REPAIR SIGNAGE HP DESKTOP BOOKKEEPER A/C UNITS POTTERY STUDIO DOOR HIGH TOP TABLES GALLERY LIGHTING SIGNAGE SKY LIGHT KILN REPAIRS 1 HIGH END COMPUTER SLAB ROLLER KILN-MEGA COIL 3" BRICK/240 VOLT 9 PEDESTALS HOT WATER HEATER KITCHEN FXITURES-ICE MAKER, VAR GLASS WINDOW GLASS INSERTS-2 DOORS PAINTING 27 CHAIRS	2/25/11 3/18/11 4/12/11 3/06/13 7/20/12 5/19/14 7/08/13 8/11/14 9/22/14 7/01/14 9/01/14 1/17/15 2/26/15 5/19/15 7/03/14 1/01/15 10/01/15 9/09/15 9/11/15 6/30/15 9/09/15 1/21/16 2/25/16 5/31/16 5/20/11 12/20/16 5/22/17 12/20/16 1/16/17 13/21/17 10/15/16 1/19/17 7/06/16 3/10/17	2,108 1,136 553 4,991 2,169 6,200 1,100 2,495 1,483 18,254 1,055 7,233 6,291 543 3,500 4,531 896 31,100 1,481 1,501 2,502 21,150 943 3,900 400 750 2,687 1,262 875 1,615 412 750 500 1,000		_ 179 Bonus _	for Depr 0 0 0 2,495 1,084 3,100 550 1,247 741 18,254 1,055 7,233 6,291 543 3,500 2,265 448 15,550 1,481 751 1,251 10,575 943 1,950 375 1,343 631 437 808 412 750 250 500	7 HY 150DB 7 HY 150DB 10 HY 150DB 10 HY 150DB 11 MQ 150DB 7 MQ 150DB 5 HY 200DB 5 HY 200DB 39 MM S/L 39 MM	2,108 1,136 553 4,228 2,103 3,565 1,025 2,423 1,440 2,282 127 811 692 56 437 3,119 819 27,214 1,179 1,966 13,826 80 3,413 400 537 1,880 904 534 1,130 28 46 375 700	0 0 0 218 66 540 67 72 43 468 27 186 162 14 90 141 51 2,591 38 92 153 733 24 325 0 46 173 77 34 104 10 19 30 64
115 116 117 118 119 120 121 122 123 124 125 126 127	27 CHAIRS LIGHTING SOUND SYSTEM IT EQUIPMENT-NUC SERVER, VARIOU POINT OF SALE SYSTEM WIRELESS CAMERA/MONITOR 5 POLYCOM PHONES POINT OF SALE SYSTEM-IPAD FURNITURE-FRONT-POS SYSTEM POS SYSTEM HARDWARE WOOD VINYL FLOORING GIFT SHOP RENOVATION 2018/2019 improvements	3/10/17 5/19/17 3/20/17 5/29/17 5/31/17 5/29/17 5/29/17 6/13/17 1/20/18 1/09/18 1/09/18 3/01/19	1,000 2,896 2,283 2,300 1,712 1,094 998 1,029 4,834 4,636 37,774 10,965 75,052		X X X X X X X X X X	500 1,448 1,141 1,150 856 547 499 514 0 0 37,774 10,965 75,052	 7 MQ150DB 7 MQ150DB 7 MQ150DB 5 MQ150DB 5 MQ150DB 7 MQ150DB 7 MQ150DB 7 MQ150DB 5 HY150DB 5 HY150DB 5 HY150DB 5 HY150DB 39 MM150DB 39 MM150DB 39 MMS/L 	700 2,026 1,597 1,758 1,308 765 698 723 4,834 4,636 1,333 387 401	64 187 147 188 140 71 65 92 0 0 969 281 1,924
1 2 3 4	2019 F&F Depreciation: BUILDING BUILDING BUILDING BUILDING	3/01/19 = 8/31/89 5/31/90 5/31/91 5/31/93	40,955 323,894 0 0 0 0		Х .	0 216,759 0 0 0	0 HY 0 HY 0 HY 0 HY	40,955 142,698 0 0 0	0 10,722 0 0 0 0
20 21 22	NEW OFFICE EQUIPMENT REFRIGERATOR SOUND SYSTEM EQUIPMENT SOUND SYSTEM NEW SIGN POTTERY STUDIO EQUIPMENT CHAFING DISHES DELL DIMENSION 3100 BLDG. IMPROV BLDG IMPROV BLDG IMPROV BLDG IMPROV	11/30/00 3/01/96 3/05/99 11/30/98 8/01/99 4/11/01 7/23/02 4/01/04 4/12/06 9/22/95 10/20/95 11/14/95 12/27/95	0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 AMT Asset Report

FYE: 5/31/2020

Form 990, Page 1

08/25/2020

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	<u>%</u> 179 Bonus		Per Conv Meth	Prior	Current
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
129	2020 BUILDING IMPROVEMENTS	11/30/19	0		0	0 HY	0	0
130	5 TON AC UNIT	7/01/19	4,600		4,600	15 MO S/L	0	281
131	ONLINE CLASS SET UP	5/31/20	5,486		5,486	5 MO S/L	Ü	0
132	AC UNIT FOR OFFICE	11/30/19	3,500		3,500	5 MO S/L	0	350
133	SNACKBAR COFFEE MAKER	8/30/19	1,082		1,082	5 MO S/L	0	162
134	42 LOCKERS	8/30/19	6,951		6,951	15 MO S/L	Ü	348
135	JEWERLY STUDIO IMPROVEMENTS	8/30/19	16,047		16,047	15 MO S/L		802
	Total Other Depreciation		40,096		40,096		2,430	1,943
	-	_						
	Total ACRS and Other Depre	ciation	40,096		40,096		2,430	1,943
	-	=						
	Grand Totals		363,990		256,855		145,128	12,665
	Less: Dispositions and Transfe	ers	0		0		0	0
	Net Grand Totals		363,990		256,855		145,128	12,665
		_						

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Bonus Depreciation Report FYE: 5/31/2020 Form 990, Page 1

08/25/2020

			_					
Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
				FUL				
	POTTERY STUDIO EQUIPMENT	7/23/02	6,064		0	0	1,819	4,245
	CHAFING DISHES	4/01/04	109		0	0	55	54
	CAMERA, MICROPHONE & EQPT	2/25/11	2,108		0	0	2,108	0
	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
	PHILCO 5 TON AC UNIT	3/06/13	4,991		0	0	2,496	2,495
	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
	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
	GALLERY LIGHTING	9/09/15	2,502		0	0	1,251	1,251
	SIGNAGE	1/21/16	21.150		Õ	Ö	10,575	10.575
	KILN REPAIRS	5/31/16	3,900		ő	Ö	1,950	1,950
	SLAB ROLLER	12/20/16	750		ő	ő	375	375
	KILN-MEGA COIL 3" BRICK/240 VOLT	5/22/17	2.687		ő	ő	1.344	1,343
	9 PEDESTALS	12/20/16	1.262		ő	ő	631	631
	HOT WATER HEATER	1/16/17	875		ő	ő	438	437
	KITCHEN FXITURES-ICE MAKER, VARIO	3/21/17	1.615		ő	ő	807	808
	PAINTING	7/06/16	500		ő	ő	250	250
	27 CHAIRS	3/10/17	1,000		0	0	500	500
	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
	IT EQUIPMENT-NUC SERVER, VARIOUS	5/29/17	2,300		0	0	1,142	1,141
	POINT OF SALE SYSTEM	5/31/17	1.712		0	0	856	856
	WIRELESS CAMERA/MONITOR	5/29/17	1.094		0	0	547	547
	5 POLYCOM PHONES	5/29/17	998		0	0	499	499
	POINT OF SALE SYSTEM-IPAD	6/13/17	1.029		0	0	515	514
	FURNITURE-FRONT-POS SYSTEM	12/19/17			0	0		:
		1/20/18	4,834		0	0	4,834	0
	POS SYSTEM HARDWARE	1/20/18	4,636		0		4,636	-
	WOOD VINYL FLOORING		37,774		-	0	0	37,774
	GIFT SHOP RENOVATION	1/09/18	10,965		0	0	0	10,965
127	2018/2019 improvements	3/01/19	75,052		0	0	0	75,052
128	2019 F&F	3/01/19	40,955		0	0	40,955	0
	Gr	and Total	289,205			0	108,609	180,596
		20001						

CH221 CHARLOTTE COUNTY ART GUILD, INC.

59-6192800

Depreciation Adjustment Report

08/25/2020

FYE: 5/31/2020

All Business Activities

AMT Adjustments/ Description **AMT** Préferences Form Unit Asset Tax **MACRS Adjustments:** Page 1 CAMERA, MICROPHONE & EQPT 0 0 0 Page 1 77 **DUMPSTER** 0 GLASS DISPLAY UNITS - GIFT SHOP 79 0 0 0 Page 1 PHILCO 5 TON AC UNIT Page 1 81 249 218 31 NEW KILN 82 48 -18 Page 1 66 83 A/C UNIT-13 SEER 410A PURON 407 540 -133 Page 1 20 TON JEWELRY PRESS 48 67 -19 Page 1 AC UNIT 89 72 72 Page 1 0 Page 1 90 AC COIL 43 43 0 91 EXTERIOR REP PAINT 468 468 0 Page 1 INTERIOR REP PAINT 92 27 27 0 Page 1 93 GALLERY LIGHTING 186 186 0 Page 1 GALLERY LIGHTING 162 0 Page 1 94 162 GIFT SHOP LIGHTING ROOF TILE REPAIR Page 1 95 14 14 0 96 90 90 0 Page 1 97 **SIGNAGE** 141 0 Page 1 141 HP DESKTOP BOOKKEEPER Page 1 98 51 51 0 A/C UNITS 1,791 2,591 99 -800 Page 1 POTTERY STUDIO DOOR 100 38 38 Page 1 HIGH TOP TABLES GALLERY LIGHTING 92 101 67 -25 Page 1 153 -41 Page 1 102 112 733 24 **SIGNAGE** Page 1 103 733 0 Page 1 104 SKY LIGHT 24 0 225 105 KILN REPAIRS 325 -100 Page 1 SLAB ROLLER 49 46 107 Page 1 KILN-MEGA COIL 3" BRICK/240 VOLT 189 Page 1 108 173 16 9 PEDESTALS 77 109 82 5 Page 1 HOT WATER HEATER 0 Page 1 110 34 34 KITCHEN FXITURES-ICE MAKER, VARIOU 113 104 Page 1 111 0 GLASS WINDOW 112 10 10 Page 1 Page 1 113 **GLASS INSERTS-2 DOORS** 19 19 0 **PAINTING** -2 114 28 30 Page 1 70 6 Page 1 115 27 CHAIRS 64 LIGHTING 203 187 16 Page 1 116 SOUND SYSTEM 160 147 13 Page 1 117 Page 1 118 IT EQUIPMENT-NUC SERVER, VARIOUS 157 188 -31 -23 POINT OF SALE SYSTEM 119 117 140 Page 1 WIRELESS CAMERA/MONITOR Page 1 120 71 6 5 POLYCOM PHONES Page 1 121 70 65 5 7 POINT OF SALE SYSTEM-IPAD 99 92 Page 1 122 123 FURNITURE-FRONT-POS SYSTEM 0 0 0 Page 1 124 POS SYSTEM HARDWARE 0 0 0 Page 1 Page 1 125 WOOD VINYL FLOORING 968 969 -1 GIFT SHOP RENOVATION 281 0 Page 1 126 281 2018/2019 improvements 1,924 1,924 0 Page 1 127 Page 1 128 2019 F&F 0 0 9,646 10,722 -1,076

08/25/2020

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Future Depreciation Report FYE: 5/31/2020 Form 990, Page 1

<u>Asset</u>		Date In Service	Cost	Tax	AMT
Prior 1	MACRS:				
26 30 34 76 77 79 81 82 83 84 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128	POTTERY STUDIO EQUIPMENT CHAFING DISHES DELL DIMENSION 3100 CAMERA, MICROPHONE & EQPT DUMPSTER GLASS DISPLAY UNITS - GIFT SHOP PHILCO 5 TON AC UNIT NEW KILN A/C UNIT-13 SEER 410A PURON 20 TON JEWELRY PRESS AC UNIT AC COIL EXTERIOR REP PAINT INTERIOR REP PAINT INTERIOR REP PAINT GALLERY LIGHTING GALLERY LIGHTING GOIFT SHOP LIGHTING ROOF TILE REPAIR SIGNAGE HP DESKTOP BOOKKEEPER A/C UNITS POTTERY STUDIO DOOR HIGH TOP TABLES GALLERY LIGHTING SIGNAGE SKY LIGHT KILN REPAIRS SLAB ROLLER KILN-MEGA COIL 3" BRICK/240 VOLT 9 PEDESTALS HOT WATER HEATER KITCHEN FXITURES-ICE MAKER, VARIOU GLASS WINDOW GLASS INSERTS-2 DOORS PAINTING 27 CHAIRS LIGHTING SOUND SYSTEM IT EQUIPMENT-NUC SERVER, VARIOUS POINT OF SALE SYSTEM WIRELESS CAMERA/MONITOR 5 POLYCOM PHONES POINT OF SALE SYSTEM-IPAD FURNITURE-FRONT-POS SYSTEM POS SYSTEM HARDWARE WOOD VINYL FLOORING GIFT SHOP RENOVATION 2018/2019 improvements 2019 F&F	7/23/02 4/01/04 4/12/06 2/25/11 3/18/11 4/12/11 3/06/13 7/20/12 5/19/14 7/08/13 8/11/14 9/02/14 7/01/14 9/01/14 1/17/15 2/26/15 5/19/15 5/19/15 5/19/15 5/03/14 1/01/15 1/01/15 9/09/15 9/11/15 6/30/15 9/09/15 1/21/16 2/25/16 5/22/17 12/20/16 1/16/17 3/21/17 10/15/16 1/19/17 7/06/16 3/10/17 5/29/17 5/29/17 5/29/17 5/29/17 5/29/17 1/20/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18 1/09/18	6,064 109 614 2,108 1,136 553 4,991 2,169 6,200 1,100 2,495 1,483 18,254 1,055 7,233 6,291 543 3,500 4,531 896 31,100 1,481 1,501 2,502 21,150 943 3,900 750 2,687 1,262 875 1,615 412 750 500 1,000 2,896 2,283 2,300 1,712 1,094 998 1,029 4,834 4,636 37,774 10,965 75,052 40,955 330,281	0 0 0 0 0 250 0 406 6 0 0 468 27 185 161 14 90 134 26 896 38 67 112 659 24 1112 35 135 58 31 81 11 19 22 50 146 115 126 90 134 115 115 116 117 117 117 117 117 117 117 117 117	0 0 0 0 0 218 0 541 8 0 0 468 27 185 161 14 90 134 26 1,295 38 92 153 659 24 162 46 163 78 31 98 11 19 30 61 176 139 149 159 161 176 176 176 176 176 176 176 176 176
1	BUILDING	8/31/89	225,000	4,976	0
2 3 4 5 15 18 20 21 22 35 36	BUILDING BUILDING BUILDING BUILDING NEW OFFICE EQUIPMENT REFRIGERATOR SOUND SYSTEM EQUIPMENT SOUND SYSTEM NEW SIGN BLDG. IMPROV BLDG IMPROV	5/31/90 5/31/91 5/31/93 11/30/00 3/01/96 3/05/99 11/30/98 8/01/99 4/11/01 9/22/95 10/20/95	275,000 30,000 35,202 8,120 69 2,009 2,954 511 9,974 1,138 3,299	6,167 675 791 183 0 0 0 0 26 76	0 0 0 0 0 0 0 0 0

08/25/2020

CH221 CHARLOTTE COUNTY ART GUILD, INC.
59-6192800 Future Depreciation Report
FYE: 5/31/2020 Form 990, Page 1

Accet	Description	Date In Service	Cost	Tax	AMT
<u>Asset</u>	Description			I ax	AIVII
37	BLDG IMPROV	11/14/95	227	6	0
38	BLDG IMPROV	12/27/95	162	4	0
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	123	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
129	2020 BUILDING IMPROVEMENTS	11/30/19	29,537	757	0
130	5 TON AC UNIT	7/01/19	4,600	307	307
131	ONLINE CLASS SET UP	5/31/20	5,486	1,097	1,097
132	AC UNIT FOR OFFICE	11/30/19	3,500	700	700
133	SNACKBAR COFFEE MAKER	8/30/19	1,082	217	217
134	42 LOCKERS	8/30/19	6,951	463	463
135	JEWERLY STUDIO IMPROVEMENTS	8/30/19	16,046	1,070	1,070
	Total Other Depreciation		782,995	20,070	3,854
	Total ACRS and Other Depreciation	1	782,995	20,070	3,854
	•			<u> </u>	
	Grand Totals		1,113,276	28,006	12,720

33. Number of volunteers

Form 990 Two Year Comparison Report

For calendar year 2019, or tax year beginning 06/01/19, ending 05/31/20

2018 & 2019

Name Taxpayer Identification Number

CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 2018 2019 **Differences** 278,979 1. Contributions, gifts, grants 128,408 150,571 1. 66,175 44,865 -21,310 2. Membership dues and assessments 2. 3. 3. Government contributions and grants -197,038 457,362 260,324 4. Program service revenue 4. 108 3,862 3,754 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. 9. Net income or (loss) from gaming 39,002 41,149 2,147 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 691,055 629,179 -61,876 12. Total revenue. Add lines 1 through 11 12. 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 11,963 175,263 187,226 **16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees 18. 30,799 20,332 -10,46719. Occupancy, rent, utilities, and maintenance 19. 65,628 27,424 -38,20420. Depreciation and Depletion 20. 307,364 275,892 -31,472 21. **21.** Other expenses 579,054 510,874 -68,180 22. 22. Total expenses. Add lines 13 through 21 112,001 118,305 6,304 23. Excess or (Deficit). Subtract line 22 from line 12 23. 691,055 629,179 -61,876 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 496,472 305,335 -191,137 26. Total excludable revenue 26. 512,984 640,201 127,217 27. Total assets 27. 11,126 21,477 10,351 **28.** Total liabilities 28. 618,724 501,858 116,866 29. Retained earnings 29. 14 **30.** Number of voting members of governing body 30. 14 31. Number of independent voting members of governing body 31. 14 14 32. Number of employees

33.

140

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Form 990	Tax Return History	2019
Name		dentification Number

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	116,451	96,650	122,745	128,408	278,979	
Membership dues	54,538	63,165	48,599	66,175	44,865	
Program service revenue	186,971	251,351	351,404	457,362	260,324	
Capital gain or loss		-332	_	-	-	
nvestment income	64	76	84	108	3,862	
Fundraising revenue (income/loss)	45,312	39,506				
Gaming revenue (income/loss)						
Other revenue	10,351	13,012	23,535	39,002	41,149	
Fotal revenue	413,687	463,428	546,367	691,055	629,179	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	134,981	169,217	158,115	175,263	187,226	
Professional fees	898	825	825			
Occupancy costs	26,451	30,456	45,634	30,799	20,332	
Depreciation and depletion	54,295	36,048	36,019	65,628	27,424	
Other expenses	187,613	214,020	281,916	307,364	275,892	
Total expenses	404,238	450,566	522,509	579,054	510,874	
Excess or (Deficit)	9,449	12,862	23,858	112,001	118,305	
<u> </u>						
Total exempt revenue	413,687	463,428	546,367	691,055	629,179	
Total unrelated revenue						
Total excludable revenue	197,386	264,107	375,023	496,472	305,335	
Total Assets	356,149	373,604	395,733	512,984	640,201	
Total Liabilities	4,358	7,864	6,135	11,126	21,477	
Net Fund Balances	351,791	365,740	389,598	501,858	618,724	

CH221 CHARLOTTE COUNTY ART GUILD, INC. 59-6192800 Federal Statements

8/25/2020

59-6192800 FYE: 5/31/2020

Taxable Interest on Investments

Description						
	 Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST & DIVIDENDS						
	\$ 3,862		14			
TOTAL	\$ 3,862					

CH221 CHARLOTTE COUNTY ART GUILD, INC.

59-6192800

Federal Statements

FYE: 5/31/2020

Schedule A, Part III, Line 1(e)

Description	Amount
DUES VAC ENDOWMENT TRUST PUBLIC SUPPORT GENERAL SPONSORSHIPS PPP/CC GRANT ROTH GRANT PORTRAIT AWARDS GETTEL OF CHARLOTTE COUNTY	\$ 44,865 32,210 30,131 46,933 38,795 4,000 5,000
CASH CONTRIBUTION	7,000
CHRISTEL GERDEL CASH CONTRIBUTION JOHN & DONNA PETERMAN	27,405
CASH CONTRIBUTION MARK BYRD	5,500
CASH CONTRIBUTION KATHRYN STABER TRUST CASH CONTRIBUTION	5,750 60,755
SHELLY SOCHA CASH CONTRIBUTION FRANK MORRISSEY	10,500
CASH CONTRIBUTION TOTAL	5,000 \$ 323,844
	·

Schedule A, Part III, Line 2(e)

Description	 Amount
MISC AND RENTAL INCOME	\$ 1,807
GIFT SHOP/PRODUCT SALES	128,175
PROGRAM SERVICES EDUCTATION	194,127
PEACE RIVER NATIONAL	21,900
EXHIBITS/NATIONAL ART	 42,490
TOTAL	\$ 388,499

CH221 CHARLOTTE COUNTY ART GUILD, INC. 8/25/2020 **Federal Statements** 59-6192800 FYE: 5/31/2020 Schedule A, Part III, Line 10a(e) Description Amount INTEREST & DIVIDENDS 3,862 TOTAL 3,862