

Form **990-EZ**

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning , 2019, and ending , 20**B** Check if applicable:

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

**C** Name of organization

The Art Guild at Fairfield Glade

Number and street (or P.O. box if mail is not delivered to street address)

451 Lakeview Drive

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Crossville, TN 38558-7132

**D** Employer identification number

20-1436572

**E** Telephone number

(931) 456-5601

**F** Group Exemption  
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).**I** Website: ▶ [www.artguildfairfieldglade.net](http://www.artguildfairfieldglade.net)**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 70,659.

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	12,629.
	2	Program service revenue including government fees and contracts . . . . .	2	17,468.
	3	Membership dues and assessments . . . . .	3	20,748.
	4	Investment income . . . . .	4	629.
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	2,621.
	b	Less: cost or other basis and sales expenses . . . . .	5b	1,194.
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	1,427.
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	16,564.	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	8,332.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	8,232.	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	61,133.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	3,792.
	11	Benefits paid to or for members . . . . .	11	14,171.
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	16,406.
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	25,276.
	15	Printing, publications, postage, and shipping . . . . .	15	6,233.
	16	Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . .	16	11,728.
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	77,606.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	-16,473.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	285,974.
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	23,306.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	292,807.

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 02/11/20 PRO

Form **990-EZ** (2019)



**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	137,728.	<b>22</b> 132,508.
<b>23</b> Land and buildings . . . . .	280,175.	<b>23</b> 257,072.
<b>24</b> Other assets (describe in Schedule O) . . . . .	7,943.	<b>24</b> 31,415.
<b>25</b> Total assets . . . . .	425,846.	<b>25</b> 420,995.
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	139,872.	<b>26</b> 128,188.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	285,974.	<b>27</b> 292,807.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Part III Stmt
**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> Our annual Golf Fundraiser donates \$1000 to a HS Senior to continue their education. Our summer program, "ARTIE" is free for all children. Over (150) children attend. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	8,696.
<b>29</b> The "Art in the Park" event is held on a weekend in June. This is open to the public, offering a marketplace for artwork. (22) booths set up in 2018. Chili Fundraiser. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,549.
<b>30</b> We have a Spring Show, a J&J Show, and a Fall Show. (535) people participate in these shows, plus our First Friday's events each month. About 125 attend every month. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	4,979.
<b>31</b> Other program services (describe in Schedule O) . Q . . . . . (Grants \$ 1,200. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	3,483.
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	18,707.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linda M. Carr President	18.00	0.	0.	0.
Nina Hardison & S. Smathers Vice President	15.00	0.	0.	0.
Dawn C. Robb Treasurer	25.00	0.	0.	0.
Jane Harding Secretary	5.00	0.	0.	0.
Pat Freed Publicity Chair	20.00	0.	0.	0.
Vera Bogle Exhibits & Shows Chair	15.00	0.	0.	0.
Marilyn Bartos Children's Outreach	8.00	0.	0.	0.
Angel Fernandez Creative Development	8.00	0.	0.	0.
Susan Midelton Ways & Means & Grants	20.00	0.	0.	0.
Al Hansen PCAC	10.00	0.	0.	0.
Pam Woodhouse Administrative Mgr.	10.00	8,828.	0.	0.
See Part IV Stmt	50.00	22,814.	0.	0.



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>TN</b> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>The Art Guild at FFG</b> Telephone no. ▶ <b>(931) 456-5601</b> Located at ▶ <b>451 Lakeview Drive, Fairfield Glade TN</b> ZIP + 4 ▶ <b>38558-7132</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ . . . . .		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ . . . . .		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		<input checked="" type="checkbox"/>



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** 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 . . . . .

	Yes	No
<b>47</b>		<b>X</b>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		<b>X</b>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		<b>X</b>
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		<b>X</b>
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer	03/02/2020
	Linda M Carr, President	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Dawn C. Robb	Dawn C. Robb	02/24/2020		P01204992
	Firm's name ▶ DAWN'S BOOKKEEPING PLUS	Firm's EIN ▶ 22-2870994			
	Firm's address ▶ 14 LEYDEN CT, CROSSVILLE, TN 38558-2869			Phone no. (931) 456-5601	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Part IV: List of Officers, Directors, Trustees, and Key Employees

## Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
(18) artists rec'd 1099misc Artists	30.00	15,695.	0.	0.
K. Horkick & D Robb Bookkeepers	20.00	7,119.	0.	0.
	50.00	22,814.	0.	0.

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
Depreciation on our Gallery and F&F	11,728.
<b>Total</b>	<b>11,728.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
To inspire and teach Visual Arts to
our community. We offer classes for
children and adults. These programs
served over (150) children & (130) adults.



**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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

The Art Guild at Fairfield Glade

Employer identification number

20-1436572

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,265.	29,400.	34,559.	33,494.	33,567.	156,285.
<b>2</b> 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 . . . . .	41,188.	32,043.	32,244.	41,178.	36,953.	183,606.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	66,453.	61,443.	66,803.	74,672.	70,520.	339,891.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						339,891.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	66,453.	61,443.	66,803.	74,672.	70,520.	339,891.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	302.	304.	293.	443.	629.	1,971.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	302.	304.	293.	443.	629.	1,971.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	66,755.	61,747.	67,096.	75,115.	71,149.	341,862.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33<sup>1</sup>/<sub>3</sub>% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33<sup>1</sup>/<sub>3</sub>% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



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

		(a) Event #1 Golf Event (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	14,635.			14,635.
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	14,635.			14,635.
Direct Expenses	4 Cash prizes . . . . .	2,960.			2,960.
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	1,650.			1,650.
	8 Entertainment . . . . .	2,400.			2,400.
	9 Other direct expenses . . . . .	1,686.			1,686.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				8,696.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				5,939.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

The Art Guild at Fairfield Glade

Employer identification number

20-1436572

Pt V, Line 35b: We did not receive a 990-T

Pt I, Line 10:

Description: Donation to STARTS Program Plus High School Senior Scholarship

Class of activity: Children

Grantee's name: The Art Guilds at Fairfield

Grantee's address: 451 Lakeview Drive Crossville TN 38558

Grantee's relationship: Supporter

Amount given: \$3,792

Pt I, Line 16:

Description: Depreciation on our Gallery and F&F \$11,728

Pt I, Line 20:

Description: We upgraded the gallery lighting and our kitchen \$23,306

Pt II, Line 24:

Description: # 11000 A/R Beginning of Year: \$1,861 End of Year: \$11

Description: Memorial Donations Received Beginning of Year: \$2,307 End of Year: \$0

Description: # 10223 Credit Memo's Redeemed Beginning of Year: \$0 End of Year: \$20

Description: #14001 Sculpture Trail Items Beginning of Year: \$0 End of Year: \$14,720

Description: #11100 Prepaid Expenses Beginning of Year: \$1,648 End of Year: \$1,071

Description: Other Assets Beginning of Year: \$2,127 End of Year: \$15,593

Pt II, Line 26:

Description: Mortgage Payable Beginning of Year: \$137,850 End of Year: \$127,830

Description: Other Current Liabilities Beginning of Year: \$2,022 End of Year: \$358



## Additional information from your 2019 Federal Exempt Tax Return

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

#### Line 16: Other Expenses (1)

#### Line 16, Amount

#### Itemization Statement

Description	Amount
# 62050 Total Depreciation	11,728.
<b>Total</b>	<b>11,728.</b>

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

#### Line 1

#### Itemization Statement

Description	Amount
# 40250 Miscellaneous Revenue	5,834.
Less #49100 Bank Interest	-629.
# 45105 Memorial Donations	1,040.
# 40200 Grants	3,600.
# 40204 VEC Grant	700.
# 44030 Donations for Childrens Classes	80.
# 44020 Fair Park Revenue	410.
# 44020G Community Foundation of Middle TN	1,200.
# FF42011 First Friday's	394.
<b>Total</b>	<b>12,629.</b>

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

#### Line 2

#### Itemization Statement

Description	Amount
# 46101 Donated items for sale	355.
# 41030 Class Fees	9,223.
# 41525 Printer	51.
# SS42110 Spring Show	1,433.
# JJ42120 J&J Show	5,169.
# FS42130 Fall Awards Show	1,237.
<b>Total</b>	<b>17,468.</b>

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

#### Line 3

#### Itemization Statement

Description	Amount
# 43226 2019 Member Dues	11,975.
# 40251 Member Contributions	6,298.
# 43220 Member Christmas Luncheon	375.
# 43221 Office Supplies reimb by member	400.
# 461001 Art in the Park Booth Fees	1,700.
<b>Total</b>	<b>20,748.</b>



**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 4****Itemization Statement**

Description	Amount
# 49100 Bank Interest	629.
<b>Total</b>	<b>629.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 5a****Itemization Statement**

Description	Amount
#420001 Daily Sales	2,621.
<b>Total</b>	<b>2,621.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 5b****Itemization Statement**

Description	Amount
# 64410 Exhibits Expenses	1,194.
<b>Total</b>	<b>1,194.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 6b****Itemization Statement**

Description	Amount
# 400150 Shop Small Saturday	133.
# G46101 Golf Event	14,635.
# C46000 Chili Fundraiser	1,796.
<b>Total</b>	<b>16,564.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 6c****Itemization Statement**

Description	Amount
# C6500 Chili Fundraiser	636.
# G65010 Golf Event	8,696.
# G65190 Golf Scholarship on line 1	-1,000.
<b>Total</b>	<b>8,332.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 11****Itemization Statement**

Description	Amount
# 61200 Member Events	1,420.
# SS62100 Spring Show Expenses	704.
Less #SS62130 Spring Show Adv.	-164.
# JJ64000 J&J Show Expenses	3,139.
Less # JJ64710 J&J Adv.	-318.
# FS62130 Fall Awards Show Expenses	1,136.
Less # FS62290 Fall Show Adv.	-197.



**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 11**
**Itemization Statement**

Description	Amount
# 68700 AG Dues	965.
# 63000 Program Expenses	7,986.
# 69200 STARTS donation on line #10	-500.
<b>Total</b>	<b>14,171.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 13**
**Itemization Statement**

Description	Amount
# 68400 Bookkeeping Fees	7,578.
# 68410 Administrative Manager	8,828.
<b>Total</b>	<b>16,406.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 14**
**Itemization Statement**

Description	Amount
# 62295 Mortgage and Insurance	12,215.
# 62100 Equipment & Maintenance	2,535.
# 62250 Maintenance Building & Grounds	2,980.
# 62400 Total Utilities	7,546.
<b>Total</b>	<b>25,276.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 15**
**Itemization Statement**

Description	Amount
# 66000 Advertising & Publicity	632.
# FS62290 Fall Show Adv.	197.
# JJ64710 J&J Adv.	318.
# SS62130 Spring Show Adv.	164.
# 68100 Office Supplies	2,372.
# 68600 Management General Expense	2,550.
<b>Total</b>	<b>6,233.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 22, Column (B)**
**Itemization Statement**

Description	Amount
# 10010 Petty Cash	200.
# 10020 Money Market Account	127,422.
# 10105 Checking Account	3,988.
# 10107 Purchasing Account	898.
<b>Total</b>	<b>132,508.</b>



**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 23, Column (A)**

**Itemization Statement**

Description	Amount
	280,175.
<b>Total</b>	<b>280,175.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Line 23, Column (B)**

**Itemization Statement**

Description	Amount
# 14000 Land	30,000.
# 14100 Building	326,948.
Less # 14200 Acc. Depreciation	-99,876.
<b>Total</b>	<b>257,072.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**ProgramSrvAccomplishmentGrp (1)**

**Line 28, Expenses**

**Itemization Statement**

Description	Amount
# G65010 Golf Expenses	8,696.
<b>Total</b>	<b>8,696.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**ProgramSrvAccomplishmentGrp (2)**

**Line 29, Total**

**Itemization Statement**

Description	Amount
# S65010 Art in the Park	913.
# C65000 Chili Fundraiser	636.
<b>Total</b>	<b>1,549.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**ProgramSrvAccomplishmentGrp (3)**

**Line 30, Total**

**Itemization Statement**

Description	Amount
# SS62100 Spring Show	704.
# JJ64000 J&J Show	3,139.
# FS62130 Fall Awards Show	1,136.
<b>Total</b>	<b>4,979.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**ProgramSrvAccomplishmentGrp (4)**

**Line 31, Total**

**Itemization Statement**

Description	Amount
# 68201 Fair Park Instructors & Supplies	884.
# S65000 Ar in the Park Expenses	913.



**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**ProgramSrvAccomplishmentGrp (4)**

**Line 31, Total**

**Itemization Statement**

Description	Amount
# 64100 Exhibits Expenses	1,194.
# FF62001 First Frisay's RExpenses	385.
# 67000 Childrns outreach	107.
# 63101 lbstructors class fees	
<b>Total</b>	<b>3,483.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Part IV, List of Officers, Directors, Trustees and Key Employees (=)**

**Part IV, Compensation**

**Itemization Statement**

Description	Amount
Karen	1,527.
Dawn	5,592.
<b>Total</b>	<b>7,119.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 1 cash prizes**

**Itemization Statement**

Description	Amount
# G65160 Golf Cash Prizes	2,960.
<b>Total</b>	<b>2,960.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 1 food**

**Itemization Statement**

Description	Amount
# G65180 Conference Luncheon	1,650.
<b>Total</b>	<b>1,650.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 1 entertainment**

**Itemization Statement**

Description	Amount
# G65170 Cost of Golf	2,400.
<b>Total</b>	<b>2,400.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 1 Other Direct Exp.**

**Itemization Statement**

Description	Amount
# G65110 Office Supplies	183.
# G65120 Postage	79.
# G65130 Tee Signs	77.
# G65140 Decorations	30.
# G65150 _gotos	17.



**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 Other Direct Exp.****Itemization Statement**

Description	Amount
# G65190 Scholarship for Sr, HS Student	1,000.
# G65181 Petty Cash	300.
<b>Total</b>	<b>1,686.</b>