

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

The Art Guild at Fairfield Glade

20-1436572

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 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	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	30,000.			30,000.
b Buildings	326,947.		115,351.	211,596.
c Leasehold improvements				
d Equipment	27,969.		24,467.	3,502.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 245,098.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

The Art Guild at Fairfield Glade

Employer identification number

20-1436572

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 (3) Shows (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	17,572.	8,840.		26,412.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,572.	8,840.		26,412.
Direct Expenses	4 Cash prizes	3,920.	3,275.		7,195.
	5 Noncash prizes	1,000.			1,000.
	6 Rent/facility costs	363.			363.
	7 Food and beverages	1,170.	140.		1,310.
	8 Entertainment	2,184.			2,184.
	9 Other direct expenses	906.	678.		1,584.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				13,636.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				12,776.

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: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | _____% |
| b | An outside facility | 13b | _____% |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address ►

- 16** Gaming manager information:

Name

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **►** \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

The Art Guild at Fairfield Glade

Employer identification number

20-1436572

Pt VI, Line 15b: No officers or trustees receive compensation.

Pt III, Line 3: Many classes were cancelled due to Covid 19

Pt VI, Line 7a: Annual Elections are held for all Board Positions

Pt VI, Line 6: We are a Membership Organization

Pt VI, Line 7b: Our membership votes on our rules and regulations

Pt VI, Line 11b: This form is prepared by the Treassurer

Pt VI, Line 12c: Policies are reviewed at our monthly meetings

Pt IX, Line 11g:

Description: 63000 - Total Program Expenses

Total: \$2,175

Program services: \$2,175

Description: E650001 - Emporium Expenses

Total: \$331

Program services: \$331

Description: FS62130 Peoples Choice

Total: \$507

Program services: \$507

Description: JJ64000 - J&J Show

Total: \$2,809

Program services: \$2,809

Description: SS62100 - Members Show

Total: \$775

Program services: \$775

Description: FC66515 - Food City Cards

Total: \$16,625

Name of the organization	Employer identification number
The Art Guild at Fairfield Glade	20-1436572

Fundraising: \$16,625

Description: 64410 - Exhibit Exp

Total: \$420

Management and general: \$420

Description: C65000 - Chili Exp

Total: \$145

Fundraising: \$145

Description: EP62000 - Endless Possibilities

Total: \$1,346

Fundraising: \$1,346

Description: G65101 - Golf (Less Award)

Total: \$8,543

Fundraising: \$8,543

Description: 67000 - Children's Outreach

Total: \$581

Program services: \$581

Description: 68201 - Seniors Outreach

Total: \$420

Program services: \$420

Description: FF62001 - Fun Fridays

Total: \$278

Program services: \$278

Description: S65010 - Art in the Park

Total: \$1,353

Program services: \$1,353

Description: 62400 - Utilities

Total: \$7,701

Name of the organization

The Art Guild at Fairfield Glade

Employer identification number

20-1436572

Management and general: \$7,701

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

2021Department of the Treasury
Internal Revenue Service**► Do not send to the IRS. Keep for your records.**
► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

The Art Guild at Fairfield Glade

EIN or SSN

20-1436572

Name and title of officer or person subject to tax

Dawn C Robb, Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	110,441.
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ► 05/10/2022

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.

6	2	8	9	1	6	5	5	3	6	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ► 05/10/2022

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

2021

Employer Identification No.
20-1436572

teew8000.SCR 02/02/21

Additional information from your 2021 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Pt I, Ln 6, # Volunteers

Itemization Statement

Description	Amount
Most of our members do volunteer - estimate	95
Total	95

Form 990: Return of Organization Exempt from Income Tax

Line 4a Expenses

Itemization Statement

Description	Amount
G65010 - Golf Event	6,543.
Total	6,543.

Form 990: Return of Organization Exempt from Income Tax

Line 4a Revenue

Itemization Statement

Description	Amount
G46101 - Golf Event	17,572.
Total	17,572.

Form 990: Return of Organization Exempt from Income Tax

Line 4b Expenses

Itemization Statement

Description	Amount
# 64010 Shows Expenses	4,423.
Total	4,423.

Form 990: Return of Organization Exempt from Income Tax

Line 4b Grants

Itemization Statement

Description	Amount
First National Bank - J&J Show	2,050.
Peoples Choice Show - Atlas	500.
Members Judged Show - Eye Centers TN	500.
Total	3,050.

Form 990: Return of Organization Exempt from Income Tax

Line 4b Revenue

Itemization Statement

Description	Amount
# 42000 - Total Shows Revenue	8,841.
Total	8,841.

Form 990: Return of Organization Exempt from Income Tax

Line 4c Expenses

Itemization Statement

Description	Amount
# EP6200 - Endless Possibilities	346.

Form 990: Return of Organization Exempt from Income Tax**Line 4c Expenses****Itemization Statement**

Description	Amount
# 64410 Exhibits Expenses	420.
Total	766.

Form 990: Return of Organization Exempt from Income Tax**Line 4c Revenue****Itemization Statement**

Description	Amount
# EP4200 - Endless Possibilities	4,604.
# 420001 - Gallery Sales	2,913.
Total	7,517.

Form 990: Return of Organization Exempt from Income Tax**Membership Dues****Itemization Statement**

Description	Amount
43101 - Member Dues	13,655.
Total	13,655.

Form 990: Return of Organization Exempt from Income Tax**Fundraising Events****Itemization Statement**

Description	Amount
C46000 - Chili Fundraiser	115.
FC46510 - Food City Cards	17,800.
EP422000 - Endless Possibilities	4,604.
G46101 - Golf Fundraiser	17,571.
S461001 - Art in the Park Booth Fees	1,605.
Total	41,695.

Form 990: Return of Organization Exempt from Income Tax**Government Grants****Itemization Statement**

Description	Amount
40220 - TN RAPS Grant	10,988.
44021 - TN Grant	750.
S46130 - TAC Grant	1,000.
Total	12,738.

Form 990: Return of Organization Exempt from Income Tax**Other amt. not included****Itemization Statement**

Description	Amount
400060 - Credit Card Fees	836.
40302 - Donated items	277.
49100 - Bank Interest	70.
40250 - Miscellaneous Contributions	6,934.

Form 990: Return of Organization Exempt from Income Tax**Other amt. not included****Itemization Statement**

Description	Amount
45105 - Memorial Donations	75.
41056 - Income from Class Supplies	2,145.
41030 - Revenue from Classes	7,083.
411500 - Income from Workshops	25.
415001 - PCAC Revenue	602.
42000 - Total Revenue from Shows	8,841.
420001 - Revenue from Gallery Sales	2,913.
40253 - Member Contributions	9,439.
43220 - Member Christmas Luncheon	1,360.
40215 - Conoco Grant	500.
44020 - Fair Park Revenue	95.
44020G - VEC Grant	1,000.
FF42011 - Fun Fridays Revenue	158.
Total	42,353.

Form 990: Return of Organization Exempt from Income Tax**Line 2 col (B)****Itemization Statement**

Description	Amount
G65190 - Grant to High School Senior	1,000.
Total	1,000.

Form 990: Return of Organization Exempt from Income Tax**Line 9 col (C)****Itemization Statement**

Description	Amount
61200 - Total Membership Events	1,799.
Total	1,799.

Form 990: Return of Organization Exempt from Income Tax**Line 11a col (B)****Itemization Statement**

Description	Amount
86840 - Credit Card Fees	2,443.
Total	2,443.

Form 990: Return of Organization Exempt from Income Tax**Line 11a col (C)****Itemization Statement**

Description	Amount
68410 - Administrative Manager	10,200.
Total	10,200.

Form 990: Return of Organization Exempt from Income Tax**Line 11c col (C)****Itemization Statement**

Description	Amount
69400 - Bookkeeping	9,696.
Total	9,696.

Form 990: Return of Organization Exempt from Income Tax**Line 12 col (B)****Itemization Statement**

Description	Amount
66000 - Total Advertising	1,710.
Total	1,710.

Form 990: Return of Organization Exempt from Income Tax**Line 13 col (B)****Itemization Statement**

Description	Amount
68200 - Postage	75.
Total	75.

Form 990: Return of Organization Exempt from Income Tax**Line 13 col (C)****Itemization Statement**

Description	Amount
68101 - Office Supplies	364.
68120 - Art-I-Facts	13.
68130 - Computer Software	1,016.
68140 - Admin. Office Supplies	1,017.
68610 - Discount	45.
68620 - Fidelity Bond	250.
68630 - Taxes	511.
68102 - Arts & Business Council	50.
68650 - TN Solicitation Fee	115.
687101 - Arts & Business Council	145.
687201 - Chamber of Commerce	150.
687202 - Tennesseeans for the Arts	50.
687204 - FFG Comm. Club Music Program	100.
687205 - Upper Cumberland Tourism Assoc.	100.
62110 - Copier Maintenance	1,676.
62111 - Computer Expense	153.
62120 - Preventative Maintenance	364.
62162 - POS Printer	540.
62161 - A/V components	75.
Total	6,734.

Form 990: Return of Organization Exempt from Income Tax**Line 16 col (C)****Itemization Statement**

Description	Amount
62295 - Mortgage Payments	9,185.
62351 - Comm. Club Dues	856.
6225501 - Building Maintenance	1,130.
62280 - Grounds Supplies & Maintenance	1,142.
62265 - Sculpture Trail Maintenance	25.
Total	12,338.

Form 990: Return of Organization Exempt from Income Tax**Line 19 col (C)****Itemization Statement**

Description	Amount
68710 Meetings	283.
adjustment	2.
Total	285.

Form 990: Return of Organization Exempt from Income Tax**Line 23 col (C)****Itemization Statement**

Description	Amount
62200 - Insurance	580.
Total	580.

Form 990: Return of Organization Exempt from Income Tax**Line 1, column (A)****Itemization Statement**

Description	Amount
Total Checking & Savings	139,710.
Total	139,710.

Form 990: Return of Organization Exempt from Income Tax**Line 1, column (B)****Itemization Statement**

Description	Amount
Total Checking & Savings	151,858.
Total	151,858.

Form 990: Return of Organization Exempt from Income Tax**Line 10, column (A)****Itemization Statement**

Description	Amount
# 14100 Building	326,948.
Less Depreciation	-108,259.
#14300	35,915.
Less Depreciation	-29,913.
Total	224,691.

Form 990: Return of Organization Exempt from Income Tax
Line 29, column (A)

Itemization Statement

Description	Amount
Total Current Assets	136,963.
Total	136,963.

Form 990: Return of Organization Exempt from Income Tax
Line 29, column (B)

Itemization Statement

Description	Amount
Total Current Assets	152,494.
Total	152,494.

Form 990: Return of Organization Exempt from Income Tax
Line 30, column (A)

Itemization Statement

Description	Amount
# 14000 Land	30,000.
# 14100 - Building O.V.	326,948.
# 14200 - Acc. Depreciation	-108,259.
Total	248,689.

Form 990: Return of Organization Exempt from Income Tax
Line 30, column (B)

Itemization Statement

Description	Amount
# 14000 Land	30,000.
# 14100 - Building O.V.	326,948.
# 14200 - Acc. Depreciation	-115,351.
Total	241,597.

Form 990: Return of Organization Exempt from Income Tax
Line 31, column (A)

Itemization Statement

Description	Amount
Total Assets	407,478.
Less Current Assets	-385,652.
Total	21,826.

Form 990: Return of Organization Exempt from Income Tax
Line 31, column (B)

Itemization Statement

Description	Amount
Total Assets	414,011.
Less Current Assets	-394,092.
Total	19,919.

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax**Depreciation column (C)****Itemization Statement**

Description	Amount
62051 - Building Depreciation	7,092.
62052 - Furniture & Equipment Depreciation	4,556.
Total	11,648.

Schedule D: Supplemental Financial Statements**Land Col (a)****Itemization Statement**

Description	Amount
# 14000 - Land	30,000.
Total	30,000.

Schedule D: Supplemental Financial Statements**Buildings col (a)****Itemization Statement**

Description	Amount
# 14100 - Building	326,947.
Total	326,947.

Schedule D: Supplemental Financial Statements**Buildings col (c)****Itemization Statement**

Description	Amount
# 14200 - Accum. Depreciation	115,351.
Total	115,351.

Schedule D: Supplemental Financial Statements**Equipment col (a)****Itemization Statement**

Description	Amount
# 143000 - Furniture & Equipment	27,969.
Total	27,969.

Schedule D: Supplemental Financial Statements**Equipment col (c)****Itemization Statement**

Description	Amount
# 14400 Accum. Depreciation	24,467.
Total	24,467.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 2 Gross Receipts****Itemization Statement**

Description	Amount
E440001 - Emporium	550.
FS42130 - Peoples Choice	1,597.
JJ42120 - J&J Show	5,246.
SS42110 - Members Show	1,447.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 2 Gross Receipts****Itemization Statement**

Description	Amount
Total	8,840.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 1 cash prizes****Itemization Statement**

Description	Amount
G65160 - Golf Prizes	3,920.
Total	3,920.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 2 cash prizes****Itemization Statement**

Description	Amount
FS62280 - Peoples Choice	500.
JJ64500 - J&J Show	250.
JJ64501 - J&J Show - 1st Nat. Bk	2,050.
SS62120 - Members Show	475.
Total	3,275.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 1 non-cash prizes****Itemization Statement**

Description	Amount
G65190 - Scholarship Award	1,000.
Total	1,000.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 1 rent/fac. costs****Itemization Statement**

Description	Amount
G65180 - Comm. Center Location Rent	363.
Total	363.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 1 food****Itemization Statement**

Description	Amount
G65175 - Catering	1,170.
Total	1,170.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 2 food****Itemization Statement**

Description	Amount
FS62265 - Peoples Choice	9.
JJ64400 - J&J Show - Reception	131.
Total	140.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 1 entertainment****Itemization Statement**

Description	Amount
G65170 - Golf Fees	2,184.
Total	2,184.

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

Description	Amount
G65110 - Office Supplies	337.
G65120 - Postage	75.
G65130 - Tee Signs	180.
G65150 - Photos	14.
G65181 - Petty Cash	300.
Total	906.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**Event 2 Other Direct Exp.****Itemization Statement**

Description	Amount
JJ64600 - J&J Show - Judge Fee	325.
JJ64700 - J&J Show - Judge Travel	50.
JJ64200 - J&J Show - Postage	3.
SS65122 - Members Show - Judge Fee	300.
Total	678.