

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

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

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**BROWN COUNTY ART GUILD, INC.**

EIN or SSN

**\*\* - \*\*\*5674**

Name and title of officer or person subject to tax **ANDRA WALTERS  
EXECUTIVE DIRECTOR**

**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.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____ <u>0</u>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**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 MARIETTA CPAS to enter my PIN 46268 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 **11/09/22**

**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.

\*\*\*\*\*  
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 **11/09/22**

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

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

Department 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/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

Open to Public Inspection

**For calendar year 2021 or tax year beginning** , **and ending**

Name of foundation <b>BROWN COUNTY ART GUILD, INC.</b>		<b>A Employer identification number</b> <b>** - *** 5674</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 324</b>	Room/suite	<b>B Telephone number (see instructions)</b> <b>812-988-6185</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NASHVILLE IN 47448</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>3,301,960</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <b>MODIFIED CASH</b> (Part I, column (d), must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) ...	121,053			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	19	19	19	
	<b>4</b> Dividends and interest from securities	7,811	7,811	7,811	
	<b>5a</b> Gross rents	38,730	38,730	38,730	
	<b>b</b> Net rental income or (loss)	18,085			
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances	208,731			
<b>b</b> Less: Cost of goods sold	137,882				
<b>c</b> Gross profit or (loss) (attach schedule) <b>STMT 1</b>	70,849		70,849		
<b>11</b> Other income (attach schedule) <b>STMT 2</b>	59,518		59,518		
<b>12 Total.</b> Add lines 1 through 11	297,980	46,560	176,927		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	51,500			
	<b>14</b> Other employee salaries and wages	54,868			54,868
	<b>15</b> Pension plans, employee benefits	9,839			9,839
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule) <b>STMT 3</b>	3,721			3,721
	<b>c</b> Other professional fees (attach schedule) <b>STMT 4</b>	5,320			5,320
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion <b>STMT 5</b>	12,262	10,665	10,665	
	<b>20</b> Occupancy	22,362			22,362
	<b>21</b> Travel, conferences, and meetings	127			127
	<b>22</b> Printing and publications	3,001			3,001
	<b>23</b> Other expenses (att. sch.) <b>STMT 6</b>	80,671	14,343	32,642	48,027
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	243,671	25,008	43,307	147,265
	<b>25</b> Contributions, gifts, grants paid	0			0
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	243,671	25,008	43,307	147,265	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	54,309				
<b>b Net investment income</b> (if negative, enter -0-)		21,552			
<b>c Adjusted net income</b> (if negative, enter -0-)			133,620		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash – non-interest-bearing	89,610	105,833	105,833
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 139			
		Less: allowance for doubtful accounts ▶	139	139	
	4	Pledges receivable ▶ 449			
		Less: allowance for doubtful accounts ▶	50	449	449
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule) ▶			
		Less: allowance for doubtful accounts ▶ 0			
	8	Inventories for sale or use	2,927	2,225	2,225
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
		b Investments – corporate stock (attach schedule) SEE STMT 7	268,444	305,503	305,503
		c Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ▶ 368,564			
	Less: accumulated depreciation (attach sch.) ▶ STMT 8 318,219	61,010	50,345	450,000	
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment: basis ▶ 300,594				
	Less: accumulated depreciation (attach sch.) ▶ STMT 9 276,351	25,839	24,243		
15	Other assets (describe ▶ SEE STATEMENT 10 )	83,100	208,784	2,437,950	
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	531,119	697,521	3,301,960	
Liabilities	17	Accounts payable and accrued expenses	13,658	23,285	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ SEE STATEMENT 11 )	5,354	4,846	
	23	<b>Total liabilities</b> (add lines 17 through 22)	19,012	28,131	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <input type="checkbox"/>				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <input checked="" type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds	512,107	669,390	
29	<b>Total net assets or fund balances</b> (see instructions)	512,107	669,390		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	531,119	697,521		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1 512,107
2	Enter amount from Part I, line 27a	2 54,309
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 12	3 102,974
4	Add lines 1, 2, and 3	4 669,390
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6 669,390

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				

2 Capital gain net income or (net capital loss)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	<input type="checkbox"/> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: 08/13/93 (attach copy of letter if necessary—see instructions)	1	
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) N/A		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3 Add lines 1 and 2	3	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax Refunded	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ ..... IN		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII .....	X	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ WWW.BROWNCOUNTYARTGUILD.ORG		
<b>14</b> The books are in care of ▶ THE BROWN COUNTY ART GUILD, INC. Telephone no. ▶ 812-988-6185 PO BOX 324		
Located at ▶ NASHVILLE IN ZIP+4 ▶ 47448		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF 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 year .....		▶ 15
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	N/A
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ► 20 ....., 20 ....., 20 ....., 20 .....		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 ....., 20 ....., 20 ....., 20 .....		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE STATEMENT 14	147,265
2	
3	
4	

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**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ▶



**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	99,484
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	99,484
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	99,484
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,492
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	5	97,992
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	6	4,900

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2021 from Part V, line 5	2a	
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	147,265
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	4	147,265

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>147,265</u>				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2021 distributable amount				
e Remaining amount distributed out of corpus	147,265			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	147,265			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling N/A

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	4,900	1,103	2,629	1,414	10,046
<b>b</b> 85% (0.85) of line 2a	4,165	938	2,235	1,202	8,540
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed	147,265	177,135	199,093	168,230	691,723
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	147,265	177,135	199,093	168,230	691,723
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed	3,267	735	1,753	943	6,698
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
N/A

**b** The form in which applications should be submitted and information and materials they should include:  
N/A

**c** Any submission deadlines:  
N/A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
N/A

**Part XIV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b> .....				▶ <b>3a</b>
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b> .....				▶ <b>3b</b>

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Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A' and a large 'TAXPAYER COPY' watermark.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A'.

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign Here: Signature of officer or trustee, Date, EXECUTIVE DIRECTOR, Title

Paid Preparer Use Only: Print/Type preparer's name (HEATHER SHOWALTER, CPA), Preparer's signature, Date, Check self-employed, Firm's name (MARIETTA CPAS), Firm's address (4622 W 72ND ST STE C INDIANAPOLIS, IN 46268), PTIN (\*\*\*\*\*), Firm's EIN (\*\*-\*\*\*8953), Phone no. (317-216-1040)

# Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 10c - Gross Sales less Cost of Goods Sold

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
GALLERY & FINE ARTISANS	\$ 208,731	\$ 137,882	\$ 70,849
TOTAL	\$ 208,731	\$ 137,882	\$ 70,849

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## Federal Statements

### Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
4400 - PATRON MEMBERSHIP DUES	\$ 6,940	\$	\$ 6,940
4600 - ARTIST MEMBERSHIP DUES	16,700		16,700
ANNUAL & SPECIAL EVENTS	33,855		33,855
5900 - SALES TAX COLLECTION	23		23
9520-GIFTS & BEQUESTS	2,000		2,000
TOTAL	<u>\$ 59,518</u>	<u>\$ 0</u>	<u>\$ 59,518</u>

### Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TOTAL	<u>\$ 3,721</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 3,721</u>

### Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
8170 - CONSULTING FEES	\$ 3,970	\$	\$	\$ 3,970
8160 - PAYROLL SERVICE FEES & CO	1,350			1,350
TOTAL	<u>\$ 5,320</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5,320</u>

### Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

Description		Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
LAND		1/01/76	\$ 5,000	\$		0	\$	\$	\$
BUILDING		8/28/92	259,190	233,656	S/L	31	8,361	8,361	8,361



# Federal Statements

## Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description									
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income		
REMODELING									
8/03/93	\$ 40,348	\$ 28,618	S/L	39	\$ 1,035	\$ 1,035	\$ 1,035		
REMODELING									
8/01/94	27,466	18,571	S/L	39	704	704	704		
ASPHALT									
12/06/94	2,900	2,900	S/L	15					
AU UNITS									
7/12/95	5,925	5,925	S/L	39					
WINDOWS									
9/20/02	2,636	1,237	S/L	39	68	68	68		
CARPET									
12/31/02	3,431	3,431	S/L	7					
FURNACE									
10/12/02	4,875	4,875	200DB	7					
RENOVATIONS									
12/31/02	4,558	2,103	S/L	39	117	117	117		
NEW HEATING									
8/02/05	1,250	1,250	200DB	7					
NEW DOORS									
9/09/06	676	256	S/L	39	17	17	17		
CARPET									
3/09/06	677	671	150DB	15	6	6	6		
HEAT PUMP									
5/21/09	2,682	2,069	S/L	15	179	179	179		
ROOF									
10/27/09	6,950	1,991	S/L	39	178	178	178		
BUILDING									
10/01/76	220,419	220,419	S/L	31					
LAND									
1/01/76	5,000			0					
ROOF									
8/11/90	14,269	13,406	S/L	31	461				
ROOF									
8/29/95	16,956	10,618	S/L	39	435				
GAS/CENTRAL AIR									
3/30/98	13,714	7,679	S/L	39	351				

## Federal Statements

### Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
CARPET	4/25/01	\$ 10,426	\$ 10,426	200DB	7	\$	\$	\$
WINDOWS	3/29/02	9,214	4,212	S/L	39	236		
BLDG. IMPROVEMENTS	6/30/03	3,250	1,377	S/L	39	84		
LIGHTING	4/21/04	1,176	474	S/L	39	30		
AC UNITS	7/17/07	2,531	2,531	200DB	7			
EQUIPMENT	12/07/09	3,639	3,639	S/L	5			
<b>TOTAL</b>		<b>\$ 669,158</b>	<b>\$ 582,334</b>			<b>\$ 12,262</b>	<b>\$ 10,665</b>	<b>\$ 10,665</b>

### Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
GALLERY & FINE ARTISANS				
8520, 8620 - DISPLAY LABELS/S	1,404		1,404	
8530 - LIGHTING EXPENSES	238		238	
8540 - HANGING & EXHIBITING E	136		136	
8510, 8610 - SHIPPING & DELIV	1,097		1,097	
8630 - BAGS/BOXES/PAPER PRODU	1,893		1,893	
8650 DISPLAY CASES & RACKS	2,316		2,316	
ANNUAL & SPECIAL EVENTS				
7612, 7622, 7652, 7882 - GENE	500		500	
7614, 7624, 7884 - PRIZES & A	2,375		2,375	
7805, 7910 - GRAPHIC DESIGN/P	1,408		1,408	
7705, 7715 RECEP,, PERFORM,C	275		275	
7840 OPENING RECEPTION	831		831	
7860 - ANNUAL ART AUCTION	221		221	
7880 VILLAGESCAPE PAINT OUT	118		118	

## Federal Statements

### Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
7940-7990 ANNUAL GUILD EVENT	\$ 5,487	\$	\$ 5,487	\$
COMMERCIAL BUILDING				
8730 - INSURANCE	2,000	2,000	2,000	
8720, 8760 - MAINTENANCE & RE	2,040	2,040	2,040	
8710 - UTILITIES	5,940	5,940	5,940	
EXPENSES				
7300, 8290 - MISCELLANEOUS EX				
7380 CONSULTING FEES	1,032			1,032
8040 - OFFICE SUPPLIES	1,714			1,714
7405 - INSURANCE-FINE ART COV	4,212			4,212
7410 CONSERVATION & PRESERVAT	1,945			1,945
7420 ARCHIVAL SUPPLIES	280			280
7460 EXHIBITION EXPENSES	136			136
7500, 7510 - ART WORKSHOPS &	5,745			5,745
8010 - BANK FEES	25			25
8030 - MERCHANT FEES	6,210			6,210
8050 - CLEANING SUPPLIES	378			376
8090 DUES & SUBSCRIPTIONS	95			95
8100 - SOFTWARE	1,756			1,756
8120 - INTERNET	1,908			1,908
8130 - INSURANCE	4,922			4,922
8180 - BUSINESS LICENSE & PER	30			30
8190 - BACKGROUND MUSIC	376			376
8200 - REFRESHMENTS & MEALS	385			385
8210 - STAFF DEVELOPMENT & TR	108			108
8250 - BOARD OF DIRECTORS EXP	207			207
8260 - PENALTIES AND FINANCE	40			40
8410 - WEBSITE	5,451			5,451
8420 - WEB-BASED & EMAIL MARK	1,816			1,816
8430 - LOCAL ADVERTISING	1,958			1,958
8440 REGIONAL/NATIONAL ADVERT	100			100
8460 - GRAPHIC DESIGN & PRINT	7,200			7,200
9518, 9628, 9660 - INVESTMENT	4,363	4,363	4,363	
<b>TOTAL</b>	<b>\$ 80,671</b>	<b>\$ 14,343</b>	<b>\$ 32,642</b>	<b>\$ 48,027</b>

## Federal Statements

### Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
	\$ 268,444	\$ 305,503	MARKET	\$ 305,503
TOTAL	\$ 268,444	\$ 305,503		\$ 305,503

### Statement 8 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
JEFFERSON/TUCKAWAY BUILDING, LAND	\$ 61,010	\$ 368,564	\$ 318,219	\$ 450,000
TOTAL	\$ 61,010	\$ 368,564	\$ 318,219	\$ 450,000

### Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
GUILD BUILDING, FF&E	\$ 20,839	\$ 295,594	\$ 276,351	\$
	5,000	5,000		
TOTAL	\$ 25,839	\$ 300,594	\$ 276,351	\$ 0

## Federal Statements

**Statement 10 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
BROWN CO. COMM. FOUNDATION PERMANENT ART DISPLAY	\$ 83,100	\$ 45,484 163,300	\$ 2,437,950
TOTAL	\$ 83,100	\$ 208,784	\$ 2,437,950

**Statement 11 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
PAYROLL TAXES	\$ -115	\$ -83
RENT & SECURITY DEPOSITS	1,815	1,815
SALES TAX	1,236	2,320
GIFT CERTIFICATE UNREDEEMED	-123	-205
GIFT CARDS OUTSTANDING		75
CUSTOMER DEPOSITS	2,405	-355
UNBILLED PURCHASES	136	1,279
TOTAL	\$ 5,354	\$ 4,846

**Statement 12 - Form 990-PF, Part III, Line 3 - Other Increases**

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	\$ 27,242
PRIOR YEAR ADJUSTMENT	75,732
TOTAL	\$ 102,974

## Federal Statements

### Statement 13 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
KEN BARKER 8929 SOUTH 700 WEST MORGANTOWN IN 46140	DIRECTOR	0.00	0	0	0
ANDI BARTELS 8569 SR 135 SOUTH FREETOWN IN 47235	SECRETARY	0.00	0	0	0
ELLEN CARTER 1636 SR 135 NORTH NASHVILLE IN 47448	PRESIDNET	0.00	0	0	0
JOANNE BENNETT 8460 BELLE UNION DRIVE CAMBY IN 46113	VICE PRESIDE	0.00	0	0	0
CINDY COLGLAZIER 760 FREEMAN RIDGE ROAD NASHVILLE IN 47448	DIRECTOR	0.00	0	0	0
PAT LLOYD 184 REDBUD LANE NASHVILLE IN 47448	DIRECTOR	0.00	0	0	0
ANDRA WALTERS 48 SOUTH VAN BUREN STREET NASHVILLE IN 47448	EXECUTIVE DI	40.00	51,500	0	0
CATHY MARTIN 1591 SR 135 N NASHVILLE IN 47448	DIRECTOR	0.00	0	0	0
TOM VUJOVICH 3531 SHOSHONEE DRIVE COLUMBUS IN 47203	DIRECTOR	0.00	0	0	0
DAVID WILCOX 200 TWIN PRINGS COURT CARMEL IN 46033	TREASURER	0.00	0	0	0

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### Federal Statements

**Statement 13 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees,  
Etc. (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
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**Statement 14 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities**

Description

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FUNDS SPENT TO EXHIBIT AND PRESERVE WORKS OF ART FROM THE HISTORIC MARIE GOTH COLLECTION, TO EXHIBIT WORKS OF ART CREATED BY PAST AND PRESENT GUILD ARTIST MEMBERS, AND TO CULTIVATE FINE ART APPRECIATION AND EDUCATION.

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

BROWN COUNTY ART GUILD, INC.

\*\*-\*\*\*5674

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

BROWN COUNTY ART GUILD, INC.

Employer identification number

\*\*-\*\*\*5674

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN & SARAH LECHLEITER 1N ILLINOIS STREET RESIDENCE 2302 INDIANAPOLIS IN 46204	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JAY & ELLEN CARTER 1636 SR 135 N NASHVILLE IN 47448	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAVID AND ELEANOR WILCOX 200 TWIN SPRINGS CT CARMEL IN 46033-4412	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRENDAN AND SUSAN FOX 425 SOMERSET DRIVE WEST INDIANAPOLIS IN 46260	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Name(s) shown on return

BROWN COUNTY ART GUILD, INC.

Identifying number

\*\*-\*\*\*5674

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.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

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

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

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Line number and Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i.

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, and Method. Includes rows 20a-d.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Name(s) shown on return

BROWN COUNTY ART GUILD, INC.

Identifying number

\*\*-\*\*\*5674

Business or activity to which this form relates

COMMERCIAL BUILDING

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.

Table with 5 main rows for Part I. Line 1: 1,050,000; Line 3: 2,620,000; Line 16: 10,665.

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

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

Table with 3 rows for Part II. Line 16: 10,665.

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

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Line 20a: Class life; Line 20b: 12-year; Line 20c: 30-year; Line 20d: 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 10,665; Line 23: 23.

For Paperwork Reduction Act Notice, see separate instructions.

## Federal Statements

### Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
4310, 4320, - PUBLIC	15,041	
4340 FOUNDATION DONATIONS	1,775	
TOTAL	16,816	0

### Government Contributions or Grants

Contributor	Cash Contribution	Noncash Contribution
4010-PPP GRANT	21,756	
4030 IAC AOS REGION 8 GRANT	9,481	
4030 IAC AOS BONUS GRANT	3,000	
TOTAL	34,237	0

### Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
5950 - INTEREST INCOME	\$ 19				
TOTAL	\$ 19				

### Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
9512, - DIVIDEND AND INTEREST	\$ 1,537			14	
9612 - DIVIDEND AND INTEREST	161			14	
9672 DIVIDEND AND INTEREST	6,113			14	
TOTAL	\$ 7,811				

NP-20

State Form 51062  
(R12 / 8-21)

Indiana Department of Revenue  
Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year

Beginning    and Ending

Place "X" in box if: Change of Address  Amended Report  Final Report:  Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Name of Organization

Telephone Number

Address

County

Indiana Taxpayer Identification Number

City

State

ZIP Code

Federal Employer Identification Number

Printed Name of Person to Contact

Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Indicate number of years your organization has been in continuous existence: 67
2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee

ANDRA WALTERS

Name of Person(s) to Contact

EXECUTIVE DIRECTOR

Title

812 988 6185

Daytime Telephone Number

Date



25421111022

## Indiana Statements

**Statement 1 - IN Form NP-20, Line 3 - Current Officers**

<u>Officer Name</u>	<u>Title</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>	<u>City</u>		
KEN BARKER 8929 SOUTH 700 WEST	DIRECTOR MORGANTOWN	IN	46140
ANDI BARTELS 8569 SR 135 SOUTH	SECRETARY FREETOWN	IN	47235
ELLEN CARTER 1636 SR 135 NORTH	PRESIDNET NASHVILLE	IN	47448
JOANNE BENNETT 8460 BELLE UNION DRIVE	VICE PRESIDENT CAMBY	IN	46113
ANDRA WALTERS 48 SOUTH VAN BUREN STREET	EXECUTIVE DIRECTOR NASHVILLE	IN	47448
DAVID WILCOX 200 TWIN PRINGS COURT	TREASURER CARMEL	IN	46033

**Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of Organization**Description

FUNDS ARE SPENT TO EXHIBIT AND PRESERVE WORKS OF ART FROM THE HISTORIC MARIE GOTH COLLECTION, TO EXHIBIT WORKS OF ART CREATED BY PAST AND PRESENT GUILD ARTIST MEMBERS, AND TO CULTIVATE FINE ART APPRECIATION AND EDUCATION.

TAXPAYER COPY