## **Filing Instructions**

Prepared for:	Prepared by:
3000 UNIVERSITY AVE SE	RITZ & ASSOCIATES P.A. 3601 MINNESOTA DRIVE, SUITE 510 BLOOMINGTON, MN 55435

2019 MINNESOTA ANNUAL REPORT

Please follow either the paper filing or email filing instructions below:

YOU HAVE A BALANCE DUE OF .....\$ 25.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00, PAYABLE TO STATE OF MINNESOTA. INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER AND 2019 ANNUAL REPORT ON THE REMITTANCE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S) AND A COPY OF THE 990 ATTACHED.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - MINNESOTA ATTORNEY GENERALS OFFICE

CHARITIES DIVISION

445 MINNESOTA STREET, SUITE 1200

ST. PAUL, MN 55101-2130

### Email:

This form may be submitted via email and the fee may be paid electronically.

- The form and all attachments should be emailed to *charity.registration@ag.state.mn.us*. The email and attachments can be <u>no larger than 25 MB</u>. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., Charity Annual Report).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that
  this Office received your submission and is not an attestation regarding the validity or completeness of the
  submitted materials.
- You may pay the \$25 registration fee and/or \$50 late fee via credit card at <u>www.ag.state.mn.us/Charity/CharFees.aspx</u>, or you may submit a check via U.S. mail. If paying by check, make the check payable to "State of Minnesota."

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

### STATE OF MINNESOTA

### CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information** 

### Legal Name of Organization <u>WEAVERS GUILD OF MINNESOTA INC</u>

Federal EIN: 23-7423013

Fiscal Year-End: 08312020 mm/dd/yyyy

	Did the organization's fiscal year-end change?	Yes	XNo
Mailing Address: MATTHEW SCHUTZ	Physical Address: MATTHEW SCHUTZ		
Contact Person 3000 UNIVERSITY AVE SE	Contact Person 3000 UNIVERSITY AVE SE		
Street Address MINNEAPOLIS, MN 55414	Street Address MINNEAPOLIS, MN 55414		
City, State, and ZIP Code $612 - 436 - 0463$	City, State, and ZIP Code $612 - 436 - 0463$		
Phone Number TREASURER@WEAVERSGUILDMN.ORG	Phone Number TREASURER@WEAVERSGUILDMN.O	RG	
Email Address	Email Address		

### 1. Organization's website: WWW.WEAVERSGUILDMN.ORG

2.	List all of the organization's alternate and former names	(attach list if more s	pace is needed)
<u> </u>	List an of the organization o alternate and former names	larraon nor n more a	pubb is needed)

		Alternate	
3.	List all names under which the organization solicits contributions (attach list if more space is needed). WEAVERS GUILD OF MINNESOTA INC		
4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes X No		
5.	Total amount of contributions the organization received from Minnesota donors:	\$	163,179.
6.	Has the organization's tax-exempt status with the IRS changed? Yes $X$ No If yes, attach explanation.		

7. Has the organization significantly changed its purpose(s) or program(s)? Yes X No If yes, attach explanation.

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gover $\square$ Yes $\boxed{X}$ No If yes, attach explanation.	mment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or or solicit contributions in Minnesota? $\square$ Yes $\boxed{X}$ No If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Cod	e
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the foo subsequent distribution at no charge and is not resold.	PA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? $\Box$ Yes $X$ No If yes, provide the following information for the five highest paid individuals:	receive total	
	Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. 309.53, subd.

3(i) and Minn. Stat.  $\S\,317A.011$  for definitions.

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### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

### INCOME

1.	Contributions Received	\$	1
2.	Government Grants		2
3.	Program Service Revenue		3
4.	Other Revenue		4
5.	TOTAL INCOME	\$	5
EXPE	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses		7
8.	Fund-raising Expenses		8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	ETS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	
13.	Other Assets	\$	
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable		16
17.	Other Liabilities		17
18.	TOTAL LIABILITIES	\$	18
FUNI	D BALANCE/NET WORTH	\$	
<i>/</i> /···································	4	*	

(Line 14 minus Line 18)

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## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colui	mns B, C, and D must equal Column A. The amour	nt on Line 25, Column A	A must match Line 17 of	RS Form 990-EZ or Line	26 of IRS Form 990-PF
		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
[ <sup>_</sup>	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
<u>23.</u> 26.	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

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### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and A	cknowledgment
The form must be executed pursuant to a resolution of the bo	
must be signed by two officers of the organization. See Minn.	
We, the undersigned, state and acknowledge that we are	duly constituted officers of this organization, being the
TREASURER (Title) and	PRESIDENT (Title) respectively, and
that we execute this document on behalf of the organization p	bursuant to the resolution of the
BOARD OF DIRECTORS	(Board of Directors, Trustees, or Managing Group) adopted on the
day of May, 2021, approving the contents	of the document, and do hereby certify that the
BOARD OF DIRECTORS	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, an	nd have supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is	true, correct and complete to the best of our knowledge.
MATTHEW SCHUTZ	LINDA SORANNO
Namə (Print)	Name (Print)
Matthew Schutz	Time da Domano
Signature	Signature
TREASURER	PRESIDENT
Title	Title
06-08-2021	6/8/21

Date

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Date

				DED TO JULY 15,		_	
	n	00		nization Exempt I			OMB No. 1545-0047
Form	-	90	Under section 501(c), 527, or 4947	7(a)(1) of the Internal Revenue	e Code (exc	ept private foundation	s) <b>2019</b>
•		uary 2020)	Do not enter social set	ecurity numbers on this form	as it may b	e made public.	Open to Public
Depa Interr	rtment o Ial Revei	f the Treasury nue Service	Go to www.irs.gov	/Form990 for instructions and	d the latest	information.	Inspection
AF	or the	e 2019 calend				UG 31, 2020	
B	heck if	C Name of	f organization			D Employer identific	cation number
a	pplicabl	e:	5				
	Addre: chang	SS WEAV	ERS GUILD OF MINNES	SOTA INC			
	Name chang		usiness as			23-742303	13
	Initial return		and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	
	Final	3000	UNIVERSITY AVE SE			612-436-0	
L	⊥return/ termin ated	_	own, state or province, country, and	7IP or foreign postal code		G Gross receipts \$	280,016.
	Ameno		EAPOLIS, MN 55414			H(a) Is this a group re	
	_lreturn ∏Applic		nd address of principal officer: LIN	DA SORANNO		for subordinates	
	_ tion pendir		AS C ABOVE	bii boiumio		H(b) Are all subordinates in	
	-01 01	empt status:		(insert no.) 4947(a)(1)	or 527		list. (see instructions)
			WEAVERSGUILDMN.ORG	(insert no.) 4947(a)(1)		1 '	( )
				ssociation Other ►	L Veer	H(c) Group exemption	State of legal domicile: MN
	art I	Summary			L Year		State of legal domicile; FIIN
10	_						
e			e the organization's mission or most WEAVING, SPINNING		GKVING	AND ADVANCI	
Governance							
ern			x  if the organization disco			I	
Š			ting members of the governing body				16
			lependent voting members of the gov				16
Activities &			of individuals employed in calendar y				5
ivit			of volunteers (estimate if necessary)				150
Act			d business revenue from Part VIII, co				0.
	b	Net unrelated	business taxable income from Form	990-T, line 39	<u></u>		0.
						Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)			133,312.	163,179.
Revenue		•				143,334.	61,260.
sev			come (Part VIII, column (A), lines 3, 4,			287.	552.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		28,292.	17,590.
			- add lines 8 through 11 (must equal			305,225.	242,581.
			milar amounts paid (Part IX, column (/			0.	0.
			to or for members (Part IX, column (A			0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (F	Part IX, column (A), lines 5-10)		122,826.	125,562.
nse	16a	Professional fi	undraising fees (Part IX, column (A), I			1,494.	0.
Expenses	b	Total fundraisi	ing expenses (Part IX, column (D), line	e 25) 🕨 <u>10,2</u>	02.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d,	, 11f-24e)		181,780.	128,259.
	18	Total expense	s. Add lines 13-17 (must equal Part I	X, column (A), line 25)		306,100.	253,821.
		Revenue less	expenses. Subtract line 18 from line	12		-875.	-11,240.
t Assets or Id Balances					Ве	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)			356,803.	323,189.
As	21	Total liabilities	(Part X, line 26)			53,588.	31,214.
Func	22	Net assets or	fund balances. Subtract line 21 from	line 20		303,215.	291,975.
Pa	art II	Signature	e Block				
Und	er pena	lties of perjury,	I declare that I have examined this return,	including accompanying schedule	es and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete.	. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.	
		Nat	thew Schutz			05-25	5-2021
Sig	า	Signature	e of officer			Date	
Her	е	MATT	HEW SCHUTZ, TREASU	RER			
			print name and title				
		Print/Type prep	parer's name	Preparer's signature	[	Date Check	X PTIN
Paid		ANNE KE		Anne Keogh	0	5/25/21 self-employe	
	arer	Firm's name	▶ RITZ & ASSOCIATE				82-1894023
	Only		3601 MINNESOTA D				
			BLOOMINGTON, MN			Phone no. 95	2-897-1477
Mav	, the IF	RS discuss this	s return with the preparer shown abo				X Yes No

May the IRS d	iscuss this return	with the preparer	shown above?	(see instructions)	
932001 01-20-20	LHA For Pap	perwork Reduction	on Act Notice, s	ee the separate i	nstructions.

STUDENTS HAVE THE WEAVING, SPINNING, WEAVING, SPINNING CARD/TABLET WEAVIN JAPANESE WEAVING, BRAIDING. CONTINUED ON SCHED	ON A WHEEL OR DROP SPING, INKLE LOOM WEAVING, SAMI-INSPIRED BRAIDING	NDLE, RAG RUG N TAPESTRY WEAV , AND KUMIHIMO	ING, SAORI JAPANESE	
STUDENTS HAVE THE         WEAVING, SPINNING         CARD/TABLET WEAVING,         JAPANESE WEAVING,         BRAIDING.         CONTINUED ON SCHED         4b         (Code:) (Expenses \$	ON A WHEEL OR DROP SPI NG, INKLE LOOM WEAVING, SAMI-INSPIRED BRAIDING DULE O. 	INDLE, RAG RUG N         TAPESTRY WEAV         , AND KUMIHIMO        ) (F        ) (F        ) (F        ) (F        ) (F        ) (F	ING, SAORI JAPANESE	
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STUDENTS HAVE THE WEAVING, SPINNING, WEAVING, SPINNING CARD/TABLET WEAVIN	ON A WHEEL OR DROP SPI NG, INKLE LOOM WEAVING,	NDLE, RAG RUG N TAPESTRY WEAV	ING, SAORI	
STUDENTS HAVE THE	<u>, AND DIEING: FLOOR LOC</u>			
WORK ON WOM'S STIT	OPPORTUNITY TO TRY MAN	IY TECHNIQUES W	ITHIN THE ARTS	0
	LL LEVELS, FROM BEGINNI ING TO IN-DEPTH MASTER DIO LOOMS IN TRADITIONA	CLASSES WITH E	XTENDED TIME F	OR
APPROACHES IN FY20	110 CLASSES IN A VARIET 020. WGM FEATURED A VAF LL LEVELS, FROM BEGINNI	LIETY OF ACTIVI	TIES AT A RANG	
revenue, if any, for each program set         4a       (Code:) (Expenses \$)         WCM       OFFFPPD       OVED	205,702. including grants of \$		Revenue \$ 78,	85
Section 501(c)(3) and 501(c)(4) orga	m service accomplishments for each of its th anizations are required to report the amount		• •	nd
If "Yes," describe these changes or				LX
prior Form 990 or 990-EZ?	es on Schedule O.			
2 Did the organization undertake any	v significant program services during the year	which were not listed on the		
	VANCING THE ARTS OF WEA	VING, SPINNING	AND DYEING.	
Check if Schedule O contains Briefly describe the organization's r	s a response or note to any line in this Part I mission:	I		

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Form	ggn	(2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	<u>X</u> (2019)
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Form	990	(2019)	١
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	
30		30		x
24	contributions? If "Yes," complete Schedule M	31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>0</b> -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)
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Form	990 (2019) WEAVERS GUILD OF MINNESOTA INC	23-7423	013	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a		,	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		14		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	COUNTS (FRAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
			5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 2006 T2		50 5c		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		6-		x
			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		~		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1	
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes." complete Form 4720. Schedule Q.				_

Form **990** (2019)

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Form 990	(2019)
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### WEAVERS GUILD OF MINNESOTA INC

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	Ν
10a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ū			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "y					
	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by inc				
а	The organization's CEO, Executive Director, or top management official			15a		2
				15b		
5	Other officers or key employees of the organization			100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont wi	th a			
.04				16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		f
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
				164		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>	4 000	T (Cooting 501 (-) (2)		o	<u>ل</u> ما
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ia 990-	1 (Section 501(C)(3)	s only)	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain)			<b></b>	-:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict o	interest policy, and	i tinan	cial	
	statements available to the public during the tax year.	1	►			
20	State the name, address, and telephone number of the person who possesses the organization's boot MATTHEW SCHUTZ - $612-436-0463$	KS and	records 🕨			
20						
20	3000 UNIVERSITY AVE SE, MINNEAPOLIS, MN 55414					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	mployees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C Pos	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	heck i ss per	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LINDA SORANNO	5.00								0	0
PRESIDENT ELECT		Х		X				0.	0.	0.
(2) MATTHEW SCHUTZ	5.00			37					0	0
TREASURER	E 00	Х		Х				0.	0.	0.
(3) MADDY BARTSCH PAST PRESIDENT	5.00	x		x				894.	0.	0.
(4) CELESTE GRANT	5.00			1				054.	0.	
PRESIDENT	5.00	х		x				90.	0.	0.
(5) BETH VARRO	2.00							50.		
MEMBER AT LARGE		x						0.	0.	0.
(6) ELIZABETH SCHUTZ	2.00									
MEMBER AT LARGE		х						0.	0.	0.
(7) KATIE OBERTON	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) MARY MATEER	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) BARBARA HEATH	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(10) DAWN GILLETTE-KIRCHER	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) CAROL CARTER	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) BRITTANY PENTEK	2.00								•	0
SECRETARY		Х		X				0.	0.	0.
(13) SARAH NASSIF	2.00	77								•
MEMBER AT LARGE	2 00	Х						0.	0.	0.
(14) KAREN MALLIN	2.00	v						0.	0.	•
MEMBER AT LARGE (15) MELBA GRANLUND	2.00	Х				-		U.	0.	0.
MEMBER AT LARGE	2.00	x						697.	0.	0.
(16) ANNA LANDES BENZ	2.00	^						097.	0.	<u> </u>
MEMBER AT LARGE	2.00	x						0.	0.	0.
								0.		<u>.</u>
		1								
	I	I	L	L	L	L	I	1		<b>000</b> (0010)

932007 01-20-20

Form 990 (2019)

	990 (2019) WEAVERS (	JUILD OF	יַאַ	IIN	NE	IS0	)TA	I	INC	23-74	23	013	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)									(F)					
	Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	than c s both	n an	compensation	compensatio	n	am	nount	of
		week	offi	cer an	ıd a d	irecto	or/trust	tee)	from	from related			other	
		(list any	ctor						the	organizations	6	com	pensat	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fr	om the	Э
		related	stee o	ustee			ensa		(W-2/1099-MISC)			orga	anizati	ion
		organizations	al trus	nal ti		loyee	e e						d relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	Ind	lnst	Offi	Key	Hig	For						
			1											
			i											
			1											
						<u> </u>								
1b	Subtotal								1,681.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								1,681.		0.			0.
2	Total number of individuals (including but n							o re	· · ·	000 of reportable				
-	compensation from the organization						,							0
													Yes	No
3	Did the organization list any former officer,	director truct			mol		o or	hia	host componented ampl		1			
3	• •	-		-	•	•		Ŭ				2		Х
	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su											-		37
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," con	plete Schedule	e J fe	or si	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wit	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business	address	NC	ONE	3				Description of s	ervices	С	omper	nsatior	า
								-						
								-						
2	Total number of independent contractors (i		ot lin	nitec	d to	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organized	zation 🕨				0	)							
												Form	<b>390</b> (2	2019)

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	<u>1 990 (</u>		OF MINNE	ESOTA INC		23-7423	013 Page <b>9</b>
Pa	rt VII						
		Check if Schedule O contains a response	or note to any line		(P)	(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts t	1 a	Federated campaigns 1a					
irar oun	b	Membership dues 1b	21,622.				
N G	с	Fundraising events1c					
ar /	d	Related organizations 1d					
s, G mila	е	Government grants (contributions) 1e	80,899.				
ŝ	f	All other contributions, gifts, grants, and					
buti		similar amounts not included above 1f	60,658.				
l tri	g	Noncash contributions included in lines 1a-1f	23,234.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	· •	163,179.			
<u> </u>			Business Code				
	2 a	CLASS TUITION AND FEES	900099	60,060.	60,060,		
vice	b	OTHER PROGRAM REVENUE	900099	1,200.	60,060. 1,200.		
Ser	c		300033	1/2001			
m S nav	d						
gra Re	u						
Program Service Revenue	e						
-	I	All other program service revenue		61,260.			
	<u>g</u> 3	Total. Add lines 2a-2f		01,200.			
	3	Investment income (including dividends, intere		209.			209.
		other similar amounts) Income from investment of tax-exempt bond p		209.			209.
	4		· · · ·				
	5	Royalties	(ii) Personal				
	•		(ii) Feisonai				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a 5</b> , <b>488</b> .					
	b	Less: cost or other basis					
evenue		and sales expenses 76 5,145.					
eve		Gain or (loss)		242			242
Å,		Net gain or (loss)	▶	343.			343.
Other Ro	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	····· ►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities	····· ►				
	10 a	Gross sales of inventory, less returns					
			49,294.				
	b	Less: cost of goods sold10b	32,290.				
	с	Net income or (loss) from sales of inventory		17,004.	17,004.		
s			Business Code				
e sou	11 a	PROGRAM EXPENSE REIMBU	900099	586.	586.		
scellaneo Revenue	b						
sella	с						
Miscellaneous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d	►	586.			
	12	Total revenue. See instructions	►	242,581.	78,850.	0.	552.
93200	9 01-20-	20					Form <b>990</b> (2019)

WEAVERS GUILD OF MINNESOTA INC Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	e or note to any line in t	his Part IX		X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102 260	00 100	14 011	1 070
	Other salaries and wages	102,369.	82,488.	14,911.	4,970
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,485.	9,234.	1,688.	563
	Other employee benefits	11,485.	9,234.	1,722.	<u> </u>
	Payroll taxes	II,/00.	5,414.	±,/22•	574
	· · · · · ·				
		11,471.	6,295.	4,195.	981
		, _,	0,255.	<u> </u>	501
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	28,456.	26,500.	487.	1,469
	Advertising and promotion	1,737.	1,716.	21.	
	Office expenses	2,178.	1,743.	327.	108
	Information technology	3,352.	1,404.	1,948.	
	Royalties				
	Occupancy	50,055.	47,553.	2,002.	500
	Travel	40.	40.	,	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
0	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	8,166.		8,166.	
3	Insurance	3,336.	2,669.	501.	166
-	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	WORKSHOP AND OTHER PROG	9,983.	9,983.		
	PAYMENT PROCESSING FEES	4,834.	3,383.	967.	484
	SUPPLIES - OFFICE, KITC	3,428.	2,743.	514.	171
	DUES AND FEES	824.	506.	318.	_ · <b>_</b>
	All other expenses	399.	33.	150.	216
	Total functional expenses. Add lines 1 through 24e	253,821.	205,702.	37,917.	10,202
	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

932010 01-20-20

2019.05094 WEAVERS GUILD OF MINNESOT WGM\_\_\_\_1

Form **990** (2019)

Form 990 (2019)

1

	1	Cash - non-interest-bearing			122,005.	1	00,903.
	2	Savings and temporary cash investments			159,731.	2	165,430.
	3	Pledges and grants receivable, net			2,157.	3	2,304.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	-			_	
	-	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			33,254.	8	40,839.
Ass	9	<b>_</b>			1,957.	9	40,839. 2,125.
		Land, buildings, and equipment: cost or other				Ū	_,
	100	basis. Complete Part VI of Schedule D	102	94 997			
	h	Less: accumulated depreciation	100	94,997. 71,409.	31,754.	10c	23,588.
	11	Investments - publicly traded securities			5,145.	11	
	12	Investments - other securities. See Part IV, line -			5,145.	12	
	13	Investments - program-related. See Part IV, line			13		
				14			
	14 15	Intangible assets		14			
	16	Other assets. See Part IV, line 11		356,803.	16	323,189.	
	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses		22,817.	17	5,024.	
	18		22,017.	18	5,0240		
	19	Grants payable Deferred revenue	16,571.	19	392.		
	20	Tax-exempt bond liabilities	10,0/11	20			
	21	Escrow or custodial account liability. Complete		21			
	22	Loans and other payables to any current or form			21		
Liabilities	~~	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela			8,463.	23	5,561.
	24	Unsecured notes and loans payable to unrelated			0,1001	24	0,0010
	25	Other liabilities (including federal income tax, pa				~ 1	
	20	parties, and other liabilities not included on lines					
		of Schedule D	-		5.737.	25	20.237.
	26				<u>5,737.</u> 53,588.	26	<u>20,237.</u> 31,214.
		Organizations that follow FASB ASC 958, che			/		
es		and complete lines 27, 28, 32, and 33.					
ances	27	Net assets without donor restrictions		303,095.	27	291,855.	
Bala	28	Net assets with donor restrictions		120.	28	120.	
lbr		Organizations that do not follow FASB ASC 9					
ШЦ		and complete lines 29 through 33.	,				
<u>o</u>	29	Capital stock or trust principal, or current funds			29		
iets	30	Paid-in or capital surplus, or land, building, or ec			30		
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Bal	32	Total net assets or fund balances			303,215.	32	291,975.
~	33	Total liabilities and net assets/fund balances			356,803.	33	323,189.
					•		

### WEAVERS GUILD OF MINNESOTA INC Part X Balance Sheet

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

Cash - non-interest-bearing

88,903.

**(B)** End of year

**(A)** Beginning of year

122,805. 1

Form 990 (2019)

	990 (2019) WEAVERS GUILD OF MINNESOTA INC	23-742	23013	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,58	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,82	
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	303	3,21	15.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
	column (B))	10	291	L,9'	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				77
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			1
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	_	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			37
	Act and OMB Circular A-133?		. <b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2019)

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of t	the organization						Employer	identification number	
		WEAV	ERS GUILD	OF MINNESOTA	INC			2	3-7423013	
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	e instruction	S.		
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)				
1	Ŭ	A church, convention of ch					)(A)(i).			
2		A school described in sect				• • •				
3	$\square$	A hospital or a cooperative					i).			
4		A medical research organiz						)(iii). Enter	the hospital's name.	
-		city, and state:	·	<i>,</i> .				~ /	. ,	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
-		section 170(b)(1)(A)(iv). (0		5 ,	•	, ,				
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	-					ne general r	oublic described in	
•		section 170(b)(1)(A)(vi). (C	•		on a gore			ie general r		
8		A community trust describe		(1)(A)(vi), (Complete Par	EIL)					
9		An agricultural research org				ed in coniu	inction with a	land-grant	college	
-		or university or a non-land-	-			-		-	-	
		university:	jiani concec a agino			, e,		ine conege		
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, members	hip fees, an	d gross receipts from	
		activities related to its exen								
		income and unrelated busir								
		See section 509(a)(2). (Co								
11		An organization organized a		ivelv to test for public sat	etv. See	section 50	)9(a)(4).			
12	$\square$	An organization organized a	-	•	•			rrv out the	purposes of one or	
		more publicly supported or	-	-				-		
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga						-	aivina	
		the supported organization	-	-	• • • •	-				
		organization. You must o								
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	vina	
~		control or management o	-				-		•	
		organization(s). You mus						ge the cupp		
с		Type III functionally inte	-		in connect	tion with, a	and functiona	llv integrate	d with	
•		its supported organization								
d		Type III non-functionally						rted organiz	ration(s)	
		that is not functionally int						-		
		requirement (see instruct		• •	-		-			
е		Check this box if the orga						II Type III		
	L	functionally integrated, or					19001, 1900	n, 1990 m		
f	Ente	er the number of supported of								
		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

### Schedule A (Form 990 or 990-EZ) 2019 WEAVERS GUILD OF MINNESOTA INC Part II

23-7423013 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	I	I				1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for		,			· · ·	
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	%
	Public support percentage from 2018		•			15	%
	33 1/3% support test - 2019. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			=	-	-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
				a, 100, 17a, 01 17		adule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

### Schedule A (Form 990 or 990-EZ) 2019 WEAVERS GUILD OF MINNESOTA INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (a) 2015 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 152,469 145,473. 147,153. 133,312. 163,179. 741,586. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 181,941. 220,624. 222,283. 86,325. 199,384. 910,557. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 367,777. 351,853. 327,414. 355,595. 249,504. 1652143. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 1,275. 2,210. 1,221. 4,265. 2,147. 11,118. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 4,265. 1,275. 2,210. 1,221 2,147. 11 118 1641025 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2018 (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total 9 Amounts from line 6 327,414. 367,777. 355,595. 249,504. 1652143. 351,853. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 534. 135. 262. 287. 552. 1,770. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 534. 135. 262. 287. 552. 1,770. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 352,387. 327,549. 368,039. 355,882. 250,056. 1653913. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.22 % Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 15 99.18 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .11 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) % .07 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ►X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

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### Schedule A (Form 990 or 990-EZ) 2019 WEAVERS GUILD OF MINNESOTA INC

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

16

932024 09-25-19

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

2

Schedule A (Form 990 or 990-EZ) 2019

10b

23-7423013 Page 4

# Schedule A (Form 990 or 990-EZ) 2019 WEAVERS GUILD OF MINNESOTA INC 23-7423013 Page 5 Part IV Supporting Organizations (continued) 23-7423013 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Y.	N
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes." describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
u	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

	(Form 990 or 990-EZ) 201 Type III Non-Funct			
Dort V			-1/21	

[	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).	See instructions. Al
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.	

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	t Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

### Schedule A (Form 990 or 990-EZ) 2019 WEAVERS GUILD OF MINNESOTA INC

Pa	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ)	2019 WEAVERS	GUILD (	OF MINNESOTA	INC	23-7423013	Page <b>8</b>
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section Section D, lines 5, 6	<b>nformation.</b> Prov nes 1, 2, 3b, 3c, 4b, 4 on D, lines 2 and 3; P	ide the explana 1c, 5a, 6, 9a, 9l art IV, Section	ations required by Part II o, 9c, 11a, 11b, and 11c E, lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a o ; Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V ete this part for any additio	<sup>-</sup> 17b; Part III, line 12; and 2; Part IV, Section ( /, Section B, line 1e; Part	С,
	(See instructions.)						
932028 09-25-1	9				Schody	le A (Form 990 or 990-E	7) 2010
				20			
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2019.05094 WEAVERS GUILD OF MINNESOT WGM\_\_\_\_1

Schedule A

## Payments from Disqualified Persons Included on Part III, Line 7a

2019

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
MISCELLANEOUS/OFFICE	4 965	1 075	0.010	1 001	0 1 4 7
RS	4,265.	1,275.	2,210.	1,221.	2,147
otal to Schedule A,					
Part III, Line 7a	4,265.	1,275.	2,210.	1,221.	2,147

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Name of the organization

## Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

τ	VEAVERS GUILD OF MINNESOTA INC	23-7423013
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the se

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

23-7423013

### WEAVERS GUILD OF MINNESOTA INC

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

	(b)	(2)	(d)
(a) No.	(0) Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contribution
1	MINNESOTA STATE ARTS BOARD 400 SIBLEY STREET, SUITE 200 ST. PAUL, MN 55101-1928	\$46,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	METROPOLITAN REGIONAL ARTS COUNCIL 2324 UNIVERSITY AVENUE WEST, SUITE 114 ST PAUL, MN 55114	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US BANK PAYROLL PROTECTION LOAN 2800 E LAKE ST MINNEAPOLIS, MN 55406	\$24,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

14370525 152203 WGM

Name of organization

Employer identification number

23-7423013

WEAVERS GUILD OF MINNESOTA INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b)       (c)         Description of noncash property given       (c)         (b)       (c)         (c)       FMV (or estimate)         (c)       (b)       Description of noncash property given         (b)       FMV (or estimate)         (See instructions.)       (See instructions.)         (see instructions.)       (see instructions.)         (see instructions.)       (see instructions.)

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2019.05094 WEAVERS GUILD OF MINNESOT WGM\_\_\_\_1

Schedule B (Form 990,	990-EZ, or 9	90-PF) (2019)
		/0011) (2010)

Page	4
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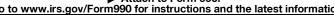
Name of c	organization		Employer identification number
WEAVE	RS GUILD OF MINNESOTA II	NC	23-7423013
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in se ) through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)  \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ł
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(c) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Turnet and the second states		
	Transferee's name, address, a	nu zir + 4	Relationship of transferor to transferee
923454 11-06	6-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
		<b>^</b> =	

25 2019.05094 WEAVERS GUILD OF MINNESOT WGM\_\_\_\_1

SCHEDULE D	)
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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.





Name	of the	organization
name		organization

WEAVERS GUILD OF MINNESOTA INC

Employer identification number 23-7423013

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Sim	ilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised fu	unds	(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 v	writing that the assets held i	n donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any o	ther purpose confe	rring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" o	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a his	torically important land area
	Protection of natural habitat	P	Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributio	on in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	ninated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and e	enforcing conservat	ion easements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enford	cing conservation e	asements during the year
0	\$ Does each conservation easement reported on line 2(d) abov.	a action the requirements of	f agentian 170/h)/1)/[	
8		•		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Par		Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenu	e statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue st	atement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or rea	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	··· · · · · · · · · · · · · · · · · ·			<b>N A</b>
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019
932051	10-02-19			



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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.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part VV       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part VV       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Ia Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment \book the post balance (line 1g, column (a)) held as:       Board d	Sche		GUILD OF 1						23-74			age <b>2</b>
collection terms (check all that apply):       a	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, oi	r Othe	r Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         d       Provide a description of the organization sciolections and explain how they further the organization's exampt purpose in Part XIII.       So for the similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 21, responded an amount on Form 990, Part X, line 21.       The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow and Custodial Arrangements. Complete if the organization has been provided on Part XIII       Amount         1a       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dubt or organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Data the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Data the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dettributions       fording balance       (a) Current Year       (b) Prior year       (c) Two years back       (e) Four years back         <	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make s	ignificant ι	use of its			
b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         c       Drowle 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's collections and explain how they further the organization's exempt purpose in Part XIII.         6       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         7       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Test is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       It is the organization include an amount on Form 990, Part X, line 21.         7       Ta is the organization include an amount on Form 990, Part X, line 21. for escrew or custolial account liability?       Ves       No         8       Diff the organization include an amount on Form 990, Part X, line 21. fore escrew or custolial account liability?       Ves       No         9       If 'Yes', explain the arrangement in Part XIII.       Centernet year (b) Prior year of Part XIII       Ves       No         10       the organization include an amount on Form 990, Part X, line 21. for escrew or custolial account liability?       Ves       No		collection items (check all that apply):										
c Preservation for future generations   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's collections and explain how they further the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collection?   Pert IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.   1b Tyres, 'explain the arrangement in Part XIII and complete the following table: <ul> <li>Beijnning balance</li> <li>Id</li> <li>Id</li> <li>Id</li> <li>Id</li> <li>If</li> </ul> 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Ves Not   Part V Endowment Funds. Complete if the organization has been provided on Part XIII   Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?   Ves Not investment earnings, gains, and losses   d Other expenditures tor facilities   and programs ind   c Artimistitie expense   d Administree of the circlities   and programs ind   f Arti	а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection?   Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IX, line 9, or reported an amount on Form 980, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X (line 21.   b If "Yes," explain the arrangement in Part XIII and complete the following table:   c Beginning balance   1d Id   c Ending balance   1f Ending balance   1g Id the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?   b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   a Beginning of year balance   (a) Current year   (b) Prior year back (d) Ture years back (d) Ture years back (d) Ture years back (e) Four years back for the organization and years and yong mains.   c Not how schement by	b	Scholarly research	e	• 🗌 c	ther							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         Part IV       Excrow and Custodial Arrangements. Complete if the organization's collection?         Part IV       Excrow and Custodial Arrangements. Complete if the organization's collection?         Is the organization asgent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         9       Is the organization asgent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         0       bit 17*es, * explain the arrangement in Part XII and complete the following table:	с	Preservation for future generations										
to be sold to raise funds rifter than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contribution of the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If 'Yes', explain the arrangement in Part XIII and complete the following table:       Amount       Image: Contribution of 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       Image: Contribution of 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 answered 'Yes' on Form 990, Part X, line 10.       Image: Contributions       Image:	4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
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.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part VV       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part VV       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Ia Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment \book the post balance (line 1g, column (a)) held as:       Board d	5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
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?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       16         d       Additions during the year       16         d       Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         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 XII       Image: Statistic Account liability?       Yes       No         Part V       Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part V, line 10.       Image: Statistic Account liability?       Yes       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back       (e) Four year										_		No
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:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here in the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here in the provement explanation answered "Yes" on Form 990, Part IV, line 10.       Image: Complete in the provide table and table as:       Image: Complete in the arrangement in Part XIII. Check here in the provement part and programs and pro	Par			ete if the o	organizatio	on answered "	'Yes" on	Form 990	, Part IV,	ine 9, or		
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       1d         d       Additions during the year       1d         d       Distributions during the year       1d         e       Distributions during the year       1d         d       Distributions during the year       1e         e       Diff 'Yes,'' explain the arrangement in Part XII. Check there if the explanation has been provided on Part XII       No         D       Other explain the arrangement in Part XII. Check there if the explanation has been provide on Part XII       0         e       Other explain the arrangement in Part XII. Check there if the explanation has been provide on Part XII       0         e       Contributions       0       Other expenditures for facilities       0         and programs       0       Other expenditures for facilities       0       0     <		reported an amount on Form 990, Par	rt X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontribution	s or other ass	sets not	included		_		
c       Beginning balance       1c         1d       1d         2b       bit de reginization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2b       Dit de reginization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back         a Grants or scholarships       (a) Current year end balance (line 1g, column (a) held as:       a       a         a for dyear balance		on Form 990, Part X?							L	Yes		No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         d       Distributions during the year       1e       1e         d       Distributions during the year       In       1e       1f         d       Distributions during the year       In       1e       1f       1e         d       Distributions during the year       In       1e       1e       1e       1e         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII.       1e	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         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 X, line 10.         Part V       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         1a Control twe stimated percentage of the current year of balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         1f Administrative expenses <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Amount</td><td></td><td></td></td<>										Amount		
e       Distributions during the year       1e         f       Ending balance       If         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1c       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1       Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       (a) Fore year and and or quasi-endowment	С	Beginning balance						. <b>1</b> c				
f       Ending balance	d	Additions during the year						. <b>1d</b>				
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       Description of provided on Part XIII       Description of provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Second Se	е	Distributions during the year						. <b>1e</b>				
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.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a)	f	Ending balance						. <b>1</b> f				-
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (c) Two years back       (e) Four years back         and programs       (c) Two years back       (c) Two years back       (e) Four years back       (e) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two year ba	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial accor	unt liabil	ity?	L	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	_											
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 Image: Contribution of the expenditures for facilities   and programs Image: Contribution of the expenditures for facilities   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 ▶  %   b Permanent endowment ▶  %   ii) Unrelated organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Pat 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   b   b   Buildings	Par	<b>t V</b> Endowment Funds. Complete i										
b       Contributions			(a) Current year	<b>(b)</b> Pri	ior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
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 ▶  %   i) Unrelated organizations   (ii) Nerelated organizations   (iii) Related organizations   (iii) Related organizations   iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   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 Bu	1a											
d Grants or scholarships	b											
e Other expenditures for facilities	С											
and programs												
f       Administrative expenses	е	Other expenditures for facilities										
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	f											
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(d) Book value</li>	g											
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 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 b Buildings b Buildings	2				column (a	)) held as:						
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:		<b>c</b>		_%								
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       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)         b Buildings       1a         Land       1a         b Buildings       1a												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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.         1a Land       (a) Cost or other       (b) Cost or other       (c) Accumulated         b Buildings       1a Land       1a Land       1a Land       1a Land	С											
by: (i) Unrelated organizations (ii) Related organizations 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 Buildings 1a Land b Buildings												
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation depreciation         1a       Land       Land       Land       Land         b       Buildings       Land       Land       Land	3a		ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne organiza	ation	Г		
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 Buildings       (d) Book value         b Buildings		-									Yes	NO
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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)         1a       Land												
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         1a       Land		(II) Related organizations										
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         1a       Land         b       Buildings	D									30		
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	Par			wment fu	nas.							
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a     Land	1 41				lino 110 S	Coo Form 000	Dort V	line 10				
basis (investment)     basis (other)     depreciation       1a Land												
b Buildings		Description of property	1		.,		• • •		a	( <b>a)</b> Book	value	•
b Buildings	1a	Land										
	с	Leasehold improvements										
d Equipment 94,997. 71,409. 23,588.					9	4,997.		71,4	09.	23	3,58	38.
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columr	n (B), line 1	0c.)				23	3,58	38.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WEAVERS GUILD OF MINNESOTA IN	NC
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### 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. (Col. (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. (Col. (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	(Column (b) must equal Form 990. Part X. col. (B) line 15.) 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)	GIFT CARDS	8,237.
(3)	CONDITIONAL CONTRIBUTIONS	12,000.
(4)		
(5)		
(6)		

(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 ...

Schedule D (Form 990) 2019

20,237.

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(7)

Sche	dule D (Form 990) 2019 WEAVERS GUILD OF MINNESOTA	INC	23-7423013 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses		_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

932054 10-02-19

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ►

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

	Inspection
Employer	identification nun

Name	e of the organization				En	nployer iden	tificati	on nui	mber
WEAVERS GUILD OF MINNESOTA INC 23-74						7423	013		
Part I Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d</b> Method of d cash contrib	etermin		S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		2,166.	SALES	S RECEI	PTS		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			4.0.505					
25	Other $\blacktriangleright$ ( <u>EQUIPMENT</u> )	X	0	10,535.					
26	Other ( YARN )	X	0	10,533.	SALES	S RECEI	PTS		
27	Other ( )								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	gement				<b></b>	T
								Yes	No
30a	During the year, did the organization receive by					t it			
	must hold for at least three years from the date			•					v
-	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.		au iroa tha maria	ويتلاب والمتعاد ومعاومهم برموا	ionoQ				v
31	Does the organization have a gift acceptance p	-	-	•	ions?		31	├───	X
32a	Does the organization hire or use third parties of	or related or	ganızatıons to solio	cit, process, or sell noncash			1	1	1

**b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

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932141 09-27-19

Schedule M	(Form 990) 2019	WEAVERS	GUILD OF	MINNESOTA	INC	23-7423013	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the dditional informat	Provide the info e number of cont ion.	prmation required by tributions, the numbe	Part I, lines 30b, 32b, and er of items received, or a d	d 33, and whether the organizati combination of both. Also compl	on ete
32142 09-27-1	9					Schedule M (Form S	990) 2019
				31			
0525	152203 WGM				94 WEAVERS GU	ILD OF MINNESOT	WGM

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 23-7423013

OMB No. 1545-0047

WEAVERS GUILD OF MINNESOTA INC

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUED FROM PAGE 2:

THE PROGRAMS ARE ACCESSIBLE TO INDIVIDUALS AT ALL SKILL LEVELS,

BACKGROUNDS AND ABILITIES. PRIVATE LESSONS ARE AVAILABLE BY REQUEST,

SO STUDENTS WHO ARE NOT ABLE TO ATTEND SCHEDULED CLASSES OR NEED

CUSTOMIZED INSTRUCTION CAN LEARN FROM OUR TEACHING ARTISTS.

ADDITIONALLY, WGM OFFERS OFF-SITE CLASSES THROUGH REGIONAL LIBRARY AND

COMMUNITY EDUCATION PARTNERS.

CLASSES OFFERED: 113

CLASSES HELD: 67 (DUE TO COVID-19)

VISITING ARTIST WORKSHOPS OFFERED: 3

VISITING ARTIST WORKSHOPS HELD: 1 (DUE TO COVID-19)

TOTAL NUMBER OF STUDENTS IN A CLASS OR WORKSHOP: 408 (AVG 6 PER CLASS)

NUMBER OF INSTRUCTORS AND CLASSROOM ASSISTANTS CONTRACTED: 23 (NOT

INCLUDING VISITING ARTISTS)

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN WEAVERS GUILD OF MINNESOTA INC (WGM) IS OPEN TO ANYONE

INTERESTED IN WEAVING AND FIBER RELATED AREAS UPON APPLICATION AND PAYMENT

OF DUES TO THE ORGANIZATION. REGULAR MEETINGS ARE HELD MONTHLY, FROM

SEPTEMBER THROUGH MAY. AN ANNUAL MEETING IS HELD IN MAY EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

 THE
 MEMBERSHIP
 ELECTS
 ALL
 MEMBERS
 OF
 THE
 BOARD
 OF
 DIRECTORS
 INCLUDING
 THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

32

Schedule O (Form 990 or 990-EZ) (2019) Page <b>2</b>					
Name of the organization WEAVERS GUILD OF MINNESOTA INC	Employer identification number 23-7423013				
EXECUTIVE COMMITTEE CONSISTING OF THE PRESIDENT, PRESIDENT	-ELECT,				
SECRETARY, AND THE TREASURER. ELECTIONS ARE HELD ANNUALLY	IN MAY. MEMBERS				
ALCO FLECT THOFF MEMBEDS OF THE NOMINATING COMMITTE					

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS CAREFULLY REVIEWED BY THE FINANCE COMMITTEE AND FORWARDED

TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY.

BEFORE EACH BOARD MEETING THE GOVERNING BODY IS ASKED IF THERE ARE ANY

CONFLICTS OF INTEREST WITH ANYTHING ON THE AGENDA. ANYONE WITH A CONFLICT

OF INTEREST IS EXCUSED FROM THE DISCUSSION AND VOTING ON THE PARTICULAR

ITEM.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST; YEAR-END FINANCIAL STATEMENT ANNUAL REPORT ON

WEBSITE, WWW.WEAVERSGUILDMN.ORG, AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

INSTRUCTORS:

PROGRAM SERVICE EXPENSES24,925.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES24,925.

ADMINISTRATIVE SUPPORT:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization WEAVERS GUILD OF MINNESOTA INC	Page Employer identification numbe 23-7423013
PROGRAM SERVICE EXPENSES	975.
MANAGEMENT AND GENERAL EXPENSES	487.
FUNDRAISING EXPENSES	1,469.
TOTAL EXPENSES	2,931.
SPEAKERS:	
PROGRAM SERVICE EXPENSES	600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	600.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	28,456.
932212 09-06-19 Sch	edule O (Form 990 or 990-EZ) (201

14370525 152203 WGM

(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о						Taxpayer identification number (TIN)	
print	WEAVERS GUILD OF MINNESOTA INC				23-7423013		
File by th due date filing you return. Se	you he date for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructio	ns. City, town or post office, state, and ZIP code. For a for MINNEAPOLIS, MN 55414	oreign add	ress, see instructions.				
Enter t	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			01	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above) MATTHEW SCHUTZ	06	Form 8870			12	
<ul> <li>If th</li> <li>box</li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>t</li> </ul>	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the org ▶ or ▶ tax year beginning SEP 1, 2019 f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta JULY anization's	mption Number (GEN) .ch a list with the names and TINs of <u>X 15, 2021</u> , to file return for: d ending <u>AUG 31, 2020</u>	f this is fo all memb	r the whole ers the extension of the ext	group, check this	
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 any nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	estimated tax payments made. Include any prior year overp			3b	\$	0.	
сE	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by				
L	ising EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	'9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2020)	