Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

SCA ביי ל 2021

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

Qpen to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 2019, and ending 2019. British of the 2019 calendar year, or tax year beginning 2019, and ending 2019. British of the 2019 calendar year, or tax year beginning 2019, and ending 2019. British of the 2019 calendar year, or tax year beginning 2019, and ending 2019. British of the 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019 calendar year, or tax year beginning 2019. British of the 2019 calendar year, or tax year beginning 2019 calendary 2019 calendary 2019 calendary 2019 calendary 2019 calendar year, or tax year year, or tax year, y	Internal Revenue Service Go to www.irs.gov/Form990E2 for instructions and the latest information.						
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Impartation		Address of	change		16.	20-	5326582
Cay or town, state or province, country, and zip or foreign postal code   Cay or foreign postal code		Name cha	ange	I	Room/suite		
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Applications pending   Tuc 5 on A Z	=				$\Omega$	F Group Ex	emption
Accounting Method	=			Tucson AZ 85701		Number	▶ 2
Website:   Solar Cul				▼ Cash	Н.	Check ▶ 🗹	if the organization is not
Tax-exempt status (check only one)			-				
K Form of organization   Corporation   Trust   Association   Other	JΤ	ax-exer	mpt status (che	eck only one) - ▼501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a	a)(1) or 527	(Form 990, 99	
L Add lines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ [Part I] column (B) are \$500,000 or more, (Ne Form 990 instead of Form 990-EZ						· ·	
						assets	
Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  The program service revenue including government fees and contracts  Program service revenue including government fees and contracts  Program service revenue including government fees and contracts  Comparison of the pass and sasessments  Comparison of the pass and sales expenses  Comparison of the pass and sales expenses an						<b>&gt;</b>	r
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3 Membership dues and assessments						· ·   -	
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5a Gross amount from sale of assets other than inventory 5 tess-cost or other pasis and sales expenses  RUSHING PLANT FOR SALES OF ASSETS OF ASSET		1				· · -	<u> </u>
b Less-cost or other basis and sales expenses  Grambulant fundants in a series of the standard inventory (subtract line 5b from line 5a)  Grambulant fundants in a series of a	71	1 _		· · · · · · · · · · · · · · · · · · ·		4	
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April Gross price and a similar amounts paid (list in Schedule O)   10   10   10   10   10   10   10   1	1				rom line 5a)	. <u>5c</u>	
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Sum of such gross-in-come and contributions exceeds \$15,000) 6b  c Less. direct expenses from gaming and fundraising events 6c  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .  7a Gross sales of inventory, less returns and allowances	à	a\	Thross 3ins	ome from gaming (attach Schedule G if greater than	1 - 1		
Sum of such gross-in-come and contributions exceeds \$15,000) 6b  c Less. direct expenses from gaming and fundraising events 6c  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .  7a Gross sales of inventory, less returns and allowances	15		•	101			
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Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  11 0  12 0  13 0  14 1 15, 742  15 0  16 7305  17 123047  18 18 9  18 18 9  19 0  68 16  20 27 02  21 1 1 4 07		10				10	. 0
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Professional fees and other payments to independent contractors  13 0  14 Occupancy, rent, utilities, and maintenance	Ś	12	Salaries, ot	her compensation, and employee benefits 🕶		12	0
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Net assets or fund balances at end of year. Combine lines 18 through 20	¥ A	20	-			) <del> </del>	
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For Panerwork Reduction Act Notice see the congrete instructions Co. No. 106491 Form MMISE / (2010)	For			on Act Notice, see the separate instructions.	Cat No 10642I	-1	Form <b>990-EZ</b> (2019)

Par	Balance Sheets (see the instruc	Air ( () II)				
	•	•				
	Check if the organization used Sch	nedule O to respond to	any question in this		-	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1518	22	3407
23	Land and buildings			0	23	
24	Other assets (describe in Schedule O) .		<u> </u>	5298	24	8000
25	Total assets		r-	6816	25_	11,407
26	Total liabilities (describe in Schedule O)		<u></u>	- 0 -	26	0
27 Part	Net assets or fund balances (line 27 of c			6816	27	11,407
raru	Statement of Program Service A Check if the organization used Sch	•		•	<b>,</b>	Expenses
Mhat					(Requ	ured for section
	is the organization's primary exempt purpo	* * * * * * * * * * * * * * * * * * * *	•	_		(3) and 501(c)(4)
	ribe the organization's program service acc easured by expenses. In a clear and con-				other	nizations, optional for s
	easured by expenses. In a clear and com- ins benefited, and other relevant information		ie services provided	i, the number of	]	-,
28	ART GALLERY	<del></del>			<u> </u>	
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?:	(Grants \$ ) If this a	mount includes foreign g	rants, check here .	▶ 🗆	28a	71,982
 29	PERFORMING ARTS					
		- 1l. (D)				
•		·				20 -10
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30						
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		mount includes foreign gi	ants, check here .	<b>▶</b> 🗆	30a	
31	Other program services (describe in Schedu					
	(Grants \$ ) If this ai	mount includes foreign gi	ants, check here .	<u> ▶ □</u>	31a	
	Total program service expenses (add line	s 28a through 31a)		•	32	110,742
⊃art						
			ch one even if not com	pensated-see the ii	nstruct	tions for Part IV)
	List of Officers, Directors, Trustees, a Check if the organization used Sch		ch one even if not com any question in this	pensated—see the ii Part IV	nstruct	tions for Part IV)
	Check if the organization used Sch	nedule O to respond to a	any question in this  (c) Reportable compensation	pensated—see the II Part IV (d) Health benefits, contributions to employ	ee (e) E	ions for Part IV)
		nedule O to respond to a	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC)	Part IV	ee (e) E	tions for Part IV)
	Check if the organization used Sch	(b) Average hours per week	any question in this  (c) Reportable compensation	pensated—see the II Part IV (d) Health benefits, contributions to employ	ee (e) E	ions for Part IV)
	Check if the organization used Sch  (a) Name and title  Steven Ressler	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC)	Part IV	ee (e) E	ions for Part IV)
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	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) E	stimated amount of her compensation
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	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) E	stimated amount of her compensation
	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) E	stimated amount of her compensation
	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) E	stimated amount of her compensation
	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) E	stimated amount of her compensation
	Check if the organization used School Ressler  Manager (President)  Gary Brostek	(b) Average hours per week devoted to position	ch one even if not com any question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) E	stimated amount of her compensation

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Part	· · · · · · · · · · · · · · · · · · ·			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Pan	-	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
55	detailed description of each activity in Schedule O	<sup>3</sup>   33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<u> </u>
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		j	v
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ł	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice	,		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	3		X
	during the year? If "Yes," complete applicable parts of Schedule N	36		$\triangle$
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			لب
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .		<b> </b> -	$ \prec $
	, ,	38a	<b>├</b> —	$\triangle$
o b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	$\dashv$		
39 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9	- 4		
b	Gross receipts, included on line 9, for public use of club facilities	-	'	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	┪	'	
	section 4911 ► Q ; section 4912 ► Q , section 4955 ► O	1		
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	;   '		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			<u> </u>
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		
_	40c reimbursed by the organization	:   '		J
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			ارج
41	List the states with which a copy of this return is filed   (NONE)	40e		$\sim$
42a		20-5	91-	747
72a	The organization's books are in care of ► Gary Brostek Telephone no. ► 5  Located at ► 31 E. TOOLE AVE TUCSON AZ ZIP+4 ► Ø	570	<u> </u>	5.T:
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Ž
	If "Yes," enter the name of the foreign country ▶			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	.		I
	Financial Accounts (FBAR).			]
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		<u>×</u>
	If "Yes," enter the name of the foreign country ▶	•		_
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. )	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
4.	Did the everywhere recented and developed finals during the year? If "Voc." Form 000 must be		Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		J
<b>k</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			$\frown$
b	completed instead of Form 990-EZ	44b		귯
_	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>文</del>
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<del>-                                    </del>
u	explanation in Schedule O	44d		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del>_</del>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-	$\neg \dagger$	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		- 1	
	Form 990-EZ. See instructions	45h		$ abla^{\prime}$

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46 i	Did the organization engage, directly or i	ndirectly, in political c	campaign activities on	behalf of or	in opposite	ion [	Yes	No
1	o candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46		$\overline{\times}$
art V		s Only					or line	es
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI		<u> </u>		
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax						Yes	No ~
	year? If "Yes," complete Schedule C, Part II							
	<del>-</del>		· ·					$\langle \cdot \rangle$
	Did the organization make any transfers t f "Yes," was the related organization a si					. 49a . 49b		
0 (	Complete this table for the organization's employees) who each received more that	s five highest compen	sated employees (oth	er than office	ers, directo	ors. trustee		d ke
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	o employee and deferred	(e) Estimate other com		
-	NONE							
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	otal number of other employees paid ov			contractors	who each	received	more	tha
1	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compe anization, if there is no	ensated independent			received		tha
1 (	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compe anization, if there is no	ensated independent one, enter "None."					tha
1	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compe anization, if there is no	ensated independent one, enter "None."					tha
1 (	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compe anization, if there is no	ensated independent one, enter "None."					tha
1 (	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compe anization, if there is no	ensated independent one, enter "None."					tha
d T 22 C	Complete this table for the organization 100,000 of compensation from the organization f	's five highest compeanization, if there is not dent contractor	ensated independent one, enter "None."  (b) Type of servi	ice	(c)	Compensation		
d T	Complete this table for the organization (a) Name and business address of each independent NONE	's five highest compeanization. If there is not contractor dent contractor actors each receiving the A? Note: All secureturn, including accompaniations.	over \$100,000	nizations mu	Oust attach	Compensation  a  ▶□  Yes	on	lo
d 7 2 C c c c c g n	Complete this table for the organization (a) Name and business address of each independent NONE  Total number of other independent contract the organization complete Schedule A	's five highest compeanization. If there is not contractor dent contractor actors each receiving the A? Note: All secureturn, including accompaniations.	over \$100,000	nizations mu	Oust attach	Compensation  a  ▶□  Yes	□ N	lo
d T C C C C C C C C C C C C C C C C C C	Complete this table for the organization 5100,000 of compensation from the organization from from the organization from from from from from from from from	's five highest compeanization. If there is no anization. If there is no dent contractor  actors each receiving alle A? Note: All second accompany in officer) is based on all info	over \$100,000 I oction 501(c)(3) organ	nizations mu.  nits, and to the bas any knowledge	Oust attach	Compensation  a  ▶□ Yes  owledge and	□ N	lo
d T c c c c c c c c c c c c c c c c c c c	Complete this table for the organization 5100,000 of compensation from the organization from from the organization from from from from from from from from	's five highest compeanization. If there is no anization. If there is no dent contractor  actors each receiving alle A? Note: All second accompany in officer) is based on all info	over \$100,000 I oction 501(c)(3) organ	nizations munits, and to the bas any knowledge	Oust attach	Compensation  PTIN	□ N	
d T C C C C C C C C C C C C C C C C C C	Complete this table for the organization 5100,000 of compensation from the organization from from the organization from from from from from from from from	actors each receiving alle A? Note: All se return, including accompany of officer) is based on all info	over \$100,000	nizations munts, and to the bas any knowledge Date	Oust attach	Compensation  PTIN	□ N	

#### SCHEDULE A (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.

20**19** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Culture Gallery, 20-5326582 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or ✓ An organization that normally receives. (1) more than 337/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trusteds of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

## 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.)

Calendar year (or fiscal year beginning in)   ►   (a) 2015   (b) 2016   (c) 2017   (d) 2018   (e) 2019   (f) Total 1   (d) 6th, controllutors, and membershop fees received (Do not include any "unusual grants.")   2 0 6 5   3 2 5 0   9 3 9 0   6 5 9 6   20,9 96   5 7 3,317   (d) 2018   (e) 2019   (f) Total 1   (d) 2015   (d) 2019   (d) 2	Secti	ion A. Public Support	,		,		····/	<del></del>
Cost			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organizations is accentrelly purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513 d. Tax revenues leveld for the organizations'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 change.  6 Total. Add lines 1 through 5.  7 A Amounts included on lines 2 and 3 received from other than disqualified persons.  b Amounts included on lines 1, 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 c. Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.)  9 Amounts from line 6.  10a Gross seconds from interest, dividends, payments received on securities loss, rents, royalles, and income from subiniesses activities not included on line 10b, whether or not the businessis is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explan in Part VI).  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 lithin tax year as a section 501(c)(3) organization, check this box and stop here.  Section D. Computation of Public Support Percentage  15 Public support percentage for 2019 (Shedule A, Part III), line 13, column (f), 17 0.9 % Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 Schedule A, Part III, line 17.  18 a 33% support tests—2019. If the organization of did not check the box on line 14, and line 18 is more than 331-3%, enche this box and stop here. The organization qualifies as a publicly supported organization. Public support percentage for 2018 Schedule A, Part III, line 17.  19 a 33% support tests—2019. If the organization of did not check a box on line	1			- 2 5 2	0.00	1~01	0000	
sold or services performed, or facilities furnished in any activity that related to the organization's tear-eventil purpose of a consideration of the consid	_		2085	3720	9370	6576	30,996	52,317
3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7 Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons are even from disqualified persons. c Add lines 7 and 7 b 8 Public support, (Subtract line 7 from line 6).  Section B. Total Support 108 Gross income from interest, dividends, payments received on securities loans, rich, payments, paym	2	sold or services performed, or facilities furnished in any activity that is related to the	169,096	192,240	176, 929	176,665	93,940	808,870
organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total: Add lines 1 through 5	3	•						
turnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received in Securities loans, rents, royaltes, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses accurred after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business as regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 13 Total support. (Add lines 9, 10c. 11, and 12.) 14 First five years. If the Form 990 is for the organization of the first five years. If the Form 990 is for the organization of the first five years and the form 990 is for the organization of the first five years and the form 990 is for the organization of the first five years and the form 990 is for the organization of the first five years. If the Form 990 is for the organization of the first five years and the first five years. If the Form 990 is for the organization of the first five years are section 501(c)(3) organization, check this box and stope here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 15 0 0 %  16 Public support percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 0 %  18 Investment income percentage from 2018 Schedule A, Part III, line 17 1 18 0 0 %  19 33'4% support tests—2018. If the organization did not check he box on line 14, and line 16 is more than 33'1-%, and line 16 is not rethan 33'1-%, and line 16 is not rethan 33'1-%, and line 16 is not retha	4	organization's benefit and either paid to or expended on its behalf						
Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ [a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total line 6).  Amounts from line 6  Amounts from line 6  Amounts from line 6  Calendar year (or fiscal year beginning in) ▶ [a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total line 6).  Til, 18, 1 195, 490 186, 319 183, 26, 1 124, 936 (6), 18 Total royaltes, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses activities not included an line 10b, whether or not the business is regularly carried on 10 loss from the sale of capital assets (Explain in Part VI.).  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  17 Investment income percentage for 2019 (line 0, column (f), divided by line 13, column (f)) 15   00 % 16   99.73 % Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17   0 % 18   10 % 19 % 19 % 19 % 19 % 19 % 19 % 19 %	5	furnished by a governmental unit to the			li			
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c. Add lines 7 and 7 b.  Public support. (Subtract line 7c from line 6.).  Public support. (Subtract line 7c from line 6.).  Recition B. Total Support  Gress income from line 6.  Amounts from line 6.  Gress income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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 loss from the sale of capital assets (Explain in Part VI.).  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 Fublic Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  16 Investment income percentage from 2018 Schedule A, Part III, line 15.  17 Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage fro		Amounts included on lines 1, 2, and 3	171,181	195,490	186,319	183,261	124,936	861, 187
Public support. (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) Amounts from line 6	b	received from other than disqualified persons that exceed the greater of \$5,000						
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  9	-	Public support. (Subtract line 7c from	• .	-				861,187
Amounts from line 6		on B. Total Support						
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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 loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.)	Calen							(f) Total
payments received on securities loans, rents, royalhes, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15	_		171,181	195,490	186,319	183,261	124,936	861,187
section 511 taxes) from businesses acquired after June 30, 1975  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 loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)	10a	payments received on securities loans, rents,		201	- 44			
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.)	b	section 511 taxes) from businesses						
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.)	С	Add lines 10a and 10b					٠,	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.)	11	activities not included in line 10b, whether						
Total support. (Add lines 9, 10c, 11, and 12.)	12	Other income. Do not include gain or loss from the sale of capital assets	-					
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	13		171,181	195,490	186,319	183, 261	124,936	861, 187
Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	14		-					
Public support percentage from 2018 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppor	t Percentage	e				
Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	15							
Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))					<u></u>	<u></u>	16	<u>99.73%</u>
Investment income percentage from 2018 Schedule A, Part III, line 17								
19a 33½% support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ ★ 33½% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □								
17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . <b>b</b> 33½% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization <b>b</b>								
b 33¹/₃% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization ▶	туа							
	b	331/3% support tests - 2018. If the organiz	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	20		<del>-</del>	_				_

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Solar Culture Gallery, Inc.	20-5326582
PART I, LINE 16: OTHER EXPENSES	
Communications	\$ 5609.07
Insurance	1 326.00
Office Expense	24.42
Fees	3 46.00
TOTAL .	\$7305.49
PART I, LINE 20: OTHER CHANGES IN N	
Re-evaluated salvage values	
Removed computers from asset l'i	st, estimated
\$0 salvage value.	
1993 FORD P-u Truck - Estin	nated \$ 3000
Sound System - Estimated	\$ 5000
TOTAL OTHER ASSETS NET CHANGE 18 FROM \$ 5298 TO \$ 8000 = \$ 1	\$ 8000
NET CHANGE 18 FROM \$ 5298 TO \$ 8000 = \$ 1	702 INCREASE.
PART II, LINE 24: OTHER ASSETS	
1993 FORD P-U TRUCK-ES	timated \$3000
SOUND SYSTEM - Estimated	5000
	# 8000
PART III, LINE 28.	
Maintained an art gallery open to the pub	
to artists of all levels. The gallery has an	
policy and accepts works from beginners as we	ell as accomplished
artists for display. Generally the display	s are comprised
of the works of around 100 artists. Three	

Solar Culture Gallery, Inc.	Employer identification number $20 - 5326582$
the year the entire display was ren	
with new submissions and the gallery	
evening art opening with music and	
potluck. An estimated 200 persons	, , <del>_</del>
evening visited at each of these art	•
An estimated 500 persons per	
the gallery during non-event hour	
PART III 1 20°	,
PART III., LINE 29: Held 72] live music/performing	ante chamelougate
in the art gallery. Estimated att the year was 3500.	enaunce for
The year was 5 500.	
ADDITIONAL INFORMATION:	
We are an art gallery dedicated	to bringing the
arts to the community and insp	iring the
creation of art. The building i	s integral to
our exempt activities. Ten perc	ent of occupancy
is dedicated to operational ex	pense. The
remainder is allocated between Go	allery and
Live events based on percenta	age of persons
attending。	