932001 01-20-20

Form **990** (Rev January 2020)

Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

19318409504 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2019)

| A F | or the | 2019 calendar year, or tax year beginning O | CT 1, 2019 and | ending Di | EC 31, 2019 | | | | | | | |
|--------------|------------------|---|--|---------------------|--------------------------------|------------------------------|--|--|--|--|--|--|
| В | heck if | C Name of organization | | | D Employer identifi | cation number | | | | | | |
| | Addres | | | | ľ | | | | | | | |
| F | Name change | | | | | | | | | | | |
| \vdash | Initial | Number and street (or P 0 box if mail is not de | livered to street address) | Room/suite | E Telephone numbe | r | | | | | | |
| F | Finat return/ | 314 LYTTON AVE | | | 650-804-7100 | | | | | | | |
| | termin | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross receipts \$ 8,792,934. | | | | | | | |
| | Amend | | • | | H(a) Is this a group return | | | | | | | |
| | Application | F Name and address of principal officer ANDRI | EW DUNLEVIE | 0 | for subordinates | ? Yes X No | | | | | | |
| | pendir | SAME AS C ABOVE | | 00 | H(b) Are all subordinates in | ncluded? Yes No | | | | | | |
| | | empt status X 501(c)(3) 501(c) () | ◀ (insert no) | or 🔲 527 | If "No," attach a | list (see instructions) | | | | | | |
| <u>J \</u> | Nebsit | e: THEGUILDTEATRE.COM | | | H(c) Group exemptio | n number 🕨 | | | | | | |
| KF | orm of | | ssociation Other > | L Year | of formation 2017 | I State of legal domicile CA | | | | | | |
| Pa | rt I | Summary | . <u> </u> | | | | | | | | | |
| as | 1 | Briefly describe the organization's mission or most | | MING ARTS | FACILITY IN THE | | | | | | | |
| Governance | | SAN FRANCISCO BAY AREA'S PENINSULA RE | ENSERVED | Royanda | Sorvice | | | | | | | |
| Ë | l | Check this box 🕨 💹 if the organization disco | ntinued its operations or dispos Receive | Sed G Subse | than 25% of its net ass | sets | | | | | | |
| ŏ | I | Number of voting members of the governing body | (Part VI, line 1a) | 317 | 3 | 3 | | | | | | |
| - eg | I | Number of independent voting members of the government | = | | 4 | 2 | | | | | | |
| Activities & | I | Total number of individuals employed in calendar y | rear 2019 (Part V, line 2a) | JV 162 | 020 5 | 2 2 | | | | | | |
| ξ | I | Total number of volunteers (estimate if necessary) | | | | 0. | | | | | | |
| Š | l | Total unrelated business revenue from Part VIII, co | · · · · · · · · · · · · · · · · · · · | | 7a 7b | 0. | | | | | | |
| | B | Net unrelated business taxable income from Form | 990-1, inje 39 |)gden, (| Prior Year | Current Year | | | | | | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | <u></u> | 28,383,812. | 1,986,793. | | | | | | |
| | i . | Program service revenue (Part VIII, line 2g) | | | 0. | 0. | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, | | | 200,797. | 147,118. | | | | | | |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | 9c 10c and 11e) | | 117,802. | 2,384. | | | | | | |
| | l | Total revenue - add lines 8 through 11 (must equal | | 28,702,411. | 2,136,295. | | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (| | | 0. | 0. | | | | | | |
| | l | Benefits paid to or for members (Part IX, column (A | | 0. | 0. | | | | | | | |
| s | 4- | Salaries, other compensation, employee benefits (F | • | | 486,560. | 106,560. | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), li | | | 0. | 0. | | | | | | |
| ē | ь | Total fundraising expenses (Part IX, column (D), line | e 25) 🕨9 , | 117. | | | | | | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) | <u> </u> | 197,636. | 48,784. | | | | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part I | X, column (A), line 25) | | 684,196. | 155,344. | | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line | 12 | | 28,018,215. | 1,980,951. | | | | | | |
| or Sec | | | | Be | ginning of Current Year | End of Year | | | | | | |
| t Assets | 20 | Total assets (Part X, line 16) | | | 32,266,839. | 34,364,129. | | | | | | |
| | 1 | Total liabilities (Part X, line 26) | | | 100,870. | 244,120. | | | | | | |
| | | Net assets or fund balances Subtract line 21 from Signature Block | line 20 | | 32,165,969. | 34,120,009. | | | | | | |
| | | <u>' </u> | unaluduna naanmanuuna nahadular | and stateme | nto and to the heat of my | knowledge and helpf it is | | | | | | |
| | | ities of perjury, I deplare that I have examined this return, t, and complete Declaration of preparer (other than office | | | | Knowledge and delier, it is | | | | | | |
| uue, | Correc | x X X X X X X X X X X X X X X X X X X X | i) is based on an information of wi | iicii preparei | nas any knowledge. | 2/28/20 | | | | | | |
| C:~. | _ | Signature of officer | | | Date \ / | 5 20 20 | | | | | | |
| Sigi | | ANDREW DUNLEVIE, PRESIDENT | | | | | | | | | | |
| Her | • | Type or print name and title | | | | | | | | | | |
| | - | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN | | | | | | |
| Paid | | Tom van Loben Sels | Jom van löben | Se\s 1 | 1/3/2020 self employ | | | | | | | |
| | arer | Firm's name APERCEN PARTNERS LLC | 7011 VALVOURI | | Firm's EIN | 26-2246506 | | | | | | |
| - | Only | Firm's address 314 LYTTON AVE | | | , 5 Em | | | | | | | |
| | | PALO ALTO, CA 94301 | | | Phone no 650 | -804-7100 | | | | | | |
| May | the IF | S discuss this return with the preparer shown abo | ve? (see instructions) | | | X Yes No | | | | | | |

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

| Forn | 990 (2019) PENINSULA ARTS GUILD | 82-342191 | .2 Page 2 |
|------|---|----------------|---------------------------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission | | |
| | BROADEN CULTURAL AND ARTISTIC OFFERINGS IN THE SAN FRANCISCO BAY | | |
| | AREA'S PENINSULA REGION AND ENABLE COMMUNITY-PROGRAMMED EVENTS THROUGH | - | |
| | THE OPERATION OF A PERFORMING ARTS FACILITY. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Γ | Yes X No |
| | If "Yes," describe these new services on Schedule O | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ſ | Yes X No |
| • | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mi | nacured by av | noncoc |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | | |
| | revenue, if any, for each program service reported | the total expe | erises, ariu |
| 4a | 100 500 | | <u> </u> |
| 44 | (Code) (Expenses \$) (Revenue PENINSULA ARTS GUILD (THE GUILD) WILL OPERATE A PERFORMING ARTS | s <u></u> | , |
| | FACILITY WHERE IT WILL ORGANIZE AND HOST A WIDE ARRAY OF CULTURAL | | |
| | PROGRAMMING ACCESSIBLE BY ALL MEMBERS OF THE GENERAL PUBLIC PROVIDE | | |
| | EDUCATIONAL OPPORTUNITIES FOR PEOPLE OF ALL AGES, AND OFFER HIGH | | |
| | QUALITY PERFORMANCE SPACE TO CREATIVE ARTISTS, MUSICIANS, PLAYWRIGHTS, | | |
| | | | |
| | AUTHORS, FILMMAKERS, DANCERS, COMICS, TEACHERS AND SCHOLARS. DURING THE SHORT YEAR ENDED DECEMBER 31, 2019, THE GUILD CONTINUED CONSTRUCTION OF | | |
| | | | |
| | THE FACILITY. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$) (Revenue | s |) |
| | | | |
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| 4c | 10.1. \(\frac{1}{2}\) | | |
| 40 | (Code) (Expenses \$ | » |) |
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| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O) | | |
| 74 | (Expenses \$ including grants of \$) (Revenue \$ | | ١ |
| 4e | Total program service expenses 108,588. | - | |
| | | | Form 990 (2019) |
| | | | \——· •/ |

Yes No

Form 990 (2019) PENINSULA ARTS GUI
Part IV Checklist of Required Schedules

| 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 | Х | |
| 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_ | | _х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 | Х | |
| Ь | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | v |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _ x _ |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | 444 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ı i ie | | |
| • | the organization's separate or consolidated inflancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 120 | Schedule D. Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12.6 | | |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| | 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 | | х |
| 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 | | Х |
| 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," | | | |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | х |
| | 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 17 If "Yes." complete Schedule I. Parts I and II | 21 | 000 | X |
| 932003 | 01-20-20 | rorm | 33U (| 2019) |

Form 990 (2019) PENINSULA ARTS GUILD
Part IV Checklist of Required Schedules (continued)

| | | | 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 27 If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 1 | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | L |
| 24 a | 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 |
| | 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 | | ├─ |
| | 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 | 05- | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | - |
| D | 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 | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 20 | 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? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | ; | ` ' . ' | |
| | instructions, for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | ├── |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ۱., |
| | contributions? If "Yes," complete Schedule M | 30 | <u> </u> | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ^− |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | | x |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | , | 33 | | x |
| 34 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | <u> </u> |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 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? | | | |
| The s | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | L |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | | -1, -4 | Yes | No '*'.37 |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1s. Enter the number of Forms W-2G included in li | 1999 | | |
| | Enter the number of Forms w-2d included in line 12 Enter of infocuspinable | 1 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1c | X | 350 31. |
| 02200 | (gambling) winnings to prize winners? | | L | (2019) |
| 332004 | r o represo | . 3.11 | | ,, |

| Form | 990 (2019) PENINSULA ARTS GUILD 82-342193 | . 2 | Р | age 5 |
|--------|---|---------------|-----|--------|
| Pai | 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 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| ь | If "Yes," enter the name of the foreign country | _ | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | - |
| | any contributions that were not tax deductible as chantable contributions? | 6a | | x |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| , a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required | <u> </u> | | |
| Ū | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| Ū | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ŭ | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | ļ — |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | - |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | * | | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| | amounts due or received from them) | } | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 | | | |
| ь | 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 | | | |
| С | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 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 O | | | |
| | | | 990 | (2010) |

| Form | 990 (2019) PENINSULA ARTS GUILD | _ | 82-34219 | | Р | age 6 |
|--------|--|---------|----------------------|----------|--|-----------------|
| Pai | TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 this | ough | 7b below, and for a | "No" n | espons | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | See ii | nstructions | _ | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | Х |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 19 | Enter the number of voting members of the governing body at the end of the tax year | 1a | l : | 3 | 163 | 1 |
| 10 | If there are material differences in voting rights among members of the governing body, or if the governing | 10 | · · · · · · | 4 | | 1 |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | 1 |
| | | 46 | | 2 | ١. | |
| ь | Enter the number of voting members included on line 1a, above, who are independent | 1b | <u> </u> | 4 | | ŀ |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any otner | | - | |
| _ | officer, director, trustee, or key employee? | | | 2 | \vdash | ^- |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | airec | supervision | ١. | | " |
| | of officers, directors, trustees, or key employees to a management company or other person? | | 51 10 | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | s filed? | 4 | | - |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assi | ets7 | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | × |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point (| one or | | | ١ |
| | more members of the governing body? | | | 7a | <u> </u> | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste | ockho | lders, or | | ŀ | |
| | persons other than the governing body? | | | 7b | ļ | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | by the | following: | | | |
| 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 | hed a | t the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | enue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such characteristics. | pters | , affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | لــــا |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conf | licts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," de | escnbe | | | |
| | ın Schedule O how this was done | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval | by inc | dependent | } | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | لـنــا |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| b | Other officers or key employees of the organization | | | 15b | | ж |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | ĺĺ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ent w | th a | | | |
| | taxable entity during the year? | | | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requinng the organization to evaluate | ts p | articipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | zation | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | d 990 | T (Section 501(c)(3) | s only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply | | . ,, | | | |
| | Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor | | • | d financ | cial | |
| - | statements available to the public during the tax year | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bool | s and | records ► | | | |
| | APERCEN PARTNERS LLC - 650-804-7100 | | | | | |
| | 314 LYTTON AVE, PALO ALTO, CA 94301 | _ | | | | |
| 932006 | 01-20-20 | | | Form | 990 | (2019) |
| | | | | | | |

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 n | | orga | nıza | | | nper | sate | | | <i>(</i> E\ |
|--|----------------|---------------------------------|--|----------|--------------|---------------------------------|--------|---------------------------|-------------------|-----------------------|
| (A) Name and title | (B) Average | ĺ | | Pos | C) ition | 1 | | (D) Reportable | (E) Reportable | (F) Estimated |
| Name and title | hours per | (do | do not check more than one ox, unless person is both an | | | | one | compensation | compensation | amount of |
| | week | officer and a director/trustee) | | | | | from | from related | other | |
| | (list any | į | | | | | | the | organizations | compensation |
| | hours for | E E | | | | 8 | | organization | (W-2/1099-MISC) | from the |
| | related | ie o | nstee | | | eusai | | (W-2/1099-MISC) | | organization |
| | organizations | I Ta | 曺 | | loyee | g a | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ANDREW DUNLEVIE | 40.00 | | | | | | | | | |
| PRESIDENT/DIRECTOR | | х | _ | х | | L | | 178,926. | 0. | 23,292 |
| (2) PETER L BRIGER, JR | 2.00 | ŀ | | | | | | | | |
| TREASURER/DIRECTOR | | Х | | Х | | _ | _ | 0. | 0. | 0 |
| (3) THOMAS LAYTON | 2.00 | | | | | | | | | |
| SECRETARY/DIRECTOR | <u> </u> | Х | L | Х | | | _ | 0. | 0. | 0 |
| (4) THOMAS BAILEY | 40.00 | l | 1 | | ١ | | | 245 025 | | 2 44.5 |
| GENERAL MANAGER | | - | ┢ | ┝ | х | ⊢ | ├— | 315,935. | 0. | 3,416 |
| | | İ | | | | | | | | |
| | | | | | | | | | | |
| | <u> </u> | \vdash | \vdash | | | | _ | | | |
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| | | <u> </u> | L | <u> </u> | | | | | | |
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| | | | | | | | | | | |
| | <u> </u> | | | | | | | <u></u> | | Form 990 (2010 |
| | | | | | | | | | | COOM /cc |

Form **990** (2019)

| Part VII Section A. Officers, Directors, Trus | | ploy | ees, | | | ghes | it C | | | | ı . | | |
|---|-------------------|--|-----------------------|----------|--------------|------------------------------|----------|---------------------------|--|------|-------------|----------------|----------|
| (A) | (B) | | | • | C) | | | (D) | (E) | | _ | (F) | |
| Name and title | Average | Position (do not check more than one box, unless person is both an | | | | | | Reportable | Reportable | l l | | timate | |
| | hours per week | | , unte: cer an | | | | | compensation | compensatio | | | nount other | |
| | (list any | 5 | | | | | Ė | from the | from related organization | | | pensa | |
| | hours for | drect | | | | Į. | | organization | (W-2/1099-MIS | | l | om th | |
| | related | 0 8 | stee | | | nsate | | (W-2/1099-MISC) | (** 2. ********************************* | , | ı | anızat | |
| | organizations | Individual trustee or director | Institutional trustee | | 98 | adwc | | (| | | | d relat | |
| | below | ngna | 활 | 55 | Key employee | esto | ig i | | | | orga | anızatı | ons |
| | line) | Ę | Insti | Officer | ķ | Highest compensated employee | Former | | | | | | |
| | | | | | | | | | | | | | |
| | | Г | | Г | | | | | | | | | |
| | | H | - | ┢ | | - | | | | | | | |
| | | | | <u> </u> | <u> </u> | ļ | <u> </u> | | | | | | |
| | | _ | | | | | | | | | | | |
| | | \cdot | | | | | | | | | | | |
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| · · · · · · · · · · · · · · · · · · · | | ╁╌ | | \vdash | \vdash | | \vdash | | | | | | |
| | | ļ | - | _ | ļ | ļ | | | | | | | |
| | | 1 | | | | | | | | | | | |
| | - | 1 | | | | | | | | | | | |
| 1b Subtotal | 4 | | | | | | <u> </u> | 494,861. | | 0. | | 26, | 708. |
| c Total from continuation sheets to Part VI | l, Section A | | | | | | ▶ | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 494,861. | | 0. | | 26, | 708. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d at | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | |
| compensation from the organization | | | | | | | | | | | 1 | V | 2 |
| 0. 0.11 | | | | (| 1 | | . | | | | | Yes | No |
| 3 Did the organization list any former officer, | | ee, i | key e | empi | oye | e, or | nıg | nest compensated emp | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | | ı | | | . | | _4_ | | | | 3 | | <u> </u> |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | ne organization | | 4 | | |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a | | | - | | | | | | fual for senuces | | ├ ─ | | |
| rendered to the organization? If "Yes." con | • | | | | - | | siale | organization or individ | idal for services | | 5 | | х |
| Section B. Independent Contractors | ipiete Scrieduli | - 41 | UI SL | 1611. | UEIS | OH | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | nde | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of comp | ensa | tion fro | om | |
| the organization Report compensation for | the calendar ye | ear e | endır | ng w | rth c | or wi | thin | the organization's tax y | ear | | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | C | (C Compe | | n |
| CAW ARCHITECTS INC | | | | | | | 寸 | | | | • | | |
| 455 LAMBERT AVENUE, PALO ALTO, CA 94 | 306 | | | | | | - } | CONSTRUCTION | | | | 475, | 498. |
| VANCE BROWN INC | | | | | | | | | | | | | |
| 3197 PARK BOULEVARD, PALO ALTO, CA 9 | 4306 | | | | | | _ | CONSTRUCTION | | | | 186, | 348. |
| | | | | | | | | | | | | | |
| | | | | | | - | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but s | ot lir | nıter | d to | thos | عا م | ted | ahove) who received me | ore than | | | | |
| \$100,000 of compensation from the organi | - | J. III | | 0 | | 2 | | above, who received the | 2. 3 (iluii | | | | |
| | | | | | | | | | | | Form | 990 (| 2019) |

932008 01-20-20

Form 990 (2019) PENINSULA 7
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | r note to any line | | | | |
|--|-----|---|--------------------|----------------------|--|--------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 23 99 | 1. | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | b Membership dues 1b | | | | | |
| ភ្ន | | c Fundraising events 1c | | | | | |
| Ę₹ | | d Related organizations 1d | | | | | |
| ᅙ릨 | | e Government grants (contributions) 1e | | | | | |
| SE | | | | | | | Ì |
| 불별 | | 7, 7, 7, 1 | 1,986,793. | | | | |
| έą | | | 1,005,066. | | | | |
| 盲혈 | | g Noncash contributions included in lines 1a-1f | 1,005,000. | 1,986,793. | | | |
| <u>0 a</u> | | h Total. Add lines 1a-1f | Business Code | 1,300,733. | | | |
| | | <u>†</u> | Business Code | | | | |
| 9 | 2 | | | | | | |
| 2 e | | p | | | | | |
| ŞΒ | | c | | | | | |
| Eğ | | d | | | | | |
| Program Service Revenue | | e | | | | | |
| ا ته | | f All other program service revenue | | | | | |
| \rightarrow | | g Total. Add lines 2a-2f | ▶ | | | | |
| | 3 | Investment income (including dividends, interes | t, and | | | | |
| | | other similar amounts) | ▶ | 134,771. | | | 134,771. |
| | 4 | Income from investment of tax-exempt bond pro | oceeds 🕨 | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents 6a 2,384. | | | | | ! |
| | | b Less rental expenses 6b 0. | | | | | |
| | | c Rental income or (loss) 6c 2,384. | | | | | |
| l | | d Net rental income or (loss) | | 2,384. | | | 2,384. |
| | 7 | a Gross amount from sales of (i) Securities | (ii) Other | | | | 1 |
| - 1 | | assets other than inventory 7a 6,668,986. | | | | | 1 |
| ł | | b Less cost or other basis | - | | • | | i |
| 9 | | and sales expenses 7b 6,656,639. | | | | | 1 |
| Other Revenue | | c Gain or (loss) 7c 12,347. | · | | | | |
| <u>é</u> | | d Net gain or (loss) | • | 12,347. | | | 12,347. |
| ē | 8 | a Gross income from fundraising events (not | | | | | |
| 튐 | | including \$ of | | | | | |
| | | contributions reported on line 1c) See | | | | | |
| | | Part IV, line 18 | | | | 1 | |
| l | | b Less direct expenses 8b | | | | | |
| | | c Net income or (loss) from fundraising events | • | | | | |
| ľ | | a Gross income from gaming activities See | _ | | | | |
| | | Part IV, line 19 | | | | | |
| i | | b Less direct expenses 9b | · | | | | |
| | | c Net income or (loss) from gaming activities | • | | - | | |
| | | a Gross sales of inventory, less returns | | | | 1 | |
| | | and allowances 10a | | | | | |
| | | b Less cost of goods sold 10b | | | | | ! |
| | | c Net income or (loss) from sales of inventory | • | | | | ' |
| \neg | | | Business Code | | | | |
| S | 11 | ₽ P | | - | | | <u> </u> |
| § 4 | • • | | - | | | | |
| Miscellaneous Revenue | | b | | | | | |
| Sce | | d All other revenue | | | | | |
| Ξ̈ | | - | | | <u>.</u> | | |
| | | e Total. Add lines 11a-11d | | 2,136,295. | 0. | 0. | 149,502. |
| | 12 | Total revenue. See instructions | | 2,130,233. | <u> </u> | · | Form 990 (2010) |

932009 01-20-20

Form **990** (2019)

Form 990 (2019) PENINSULA ARTS GUILD Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | lete all columns All othe | r organizations must com | plete column (A) | |
|----------|---|---------------------------------------|---|-------------------------------------|--|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 104,465. | 88,797. | 7,834. | 7,834. |
| 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 accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 2,095. | 1,709. | 242. | 144. |
| 11 | Fees for services (nonemployees) | | | | |
| а | Management | | | | |
| b | Legal | 5,877. | | 5,420. | 457. |
| | Accounting | | | | · · · · · · · · · · · · · · · · · · · |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, | 7 500 | 2 500 | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 7,500. | 7,500. | _ | |
| 12 | Advertising and promotion | 4 744 | 2,870, | 1,520. | 354. |
| 13 | Office expenses | 4,744. | 2,870. | 1,520. | 354. |
| 14 | Information technology | | | | |
| 15 | Royalties | 23,829. | 7,642. | 16,187. | |
| 16 | Occupancy | 404. | 7,042. | 6. | 328. |
| 17 | Travel | 404. | | · · · | 320, |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 20 21 | Payments to affiliates | | | | |
| 21 22 | Depreciation, depletion, and amortization | | | | |
| 22 23 | Insurance | 6,430. | | 6,430. | |
| 24 | 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 O.) | · | | | |
| а | | 1 | | | |
| b | | | | | |
| c | | · · · · · · · · · · · · · · · · · · · | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 155,344. | 108,588. | 37,639. | 9,117. |
| 26 | 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) | | | | 5 000 (2010) |

| rar | t X | Balance Sheet | | | | | |
|-----------------------------|-----|---|--------------------|-----------------------|---------------------------------------|-----|------------------------------------|
| | | Check if Schedule O contains a response or note | to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 562,450. | 1 | 545,507 |
| | 2 | Savings and temporary cash investments | | | 6,987,510. | 2 | 2,567,898 |
| - 1 | 3 | Pledges and grants receivable, net | | | 3,445,133. | 3 | 3,826,860 |
| - 1 | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current or | officer, director, | | | | |
| | | trustee, key employee, creator or founder, substa | antial o | ontributor, or 35% | | | , |
| 1 | | controlled entity or family member of any of these | e pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | sons (as defined | | | | |
| l | | under section 4958(f)(1)), and persons described | <u> </u> | 6 | | | |
| g | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | · · · · · · · · · · · · · · · · · · · | 8 | |
| ا کة | 9 | Prepaid expenses and deferred charges | | | 4,325. | 9 | 230,094 |
| ı | 10a | Land, buildings, and equipment cost or other | | | | | |
| | | basis Complete Part VI of Schedule D | 10a | 5,230,704. | , | | |
| | b | Less accumulated depreciation | 10b | 0. | 4,874,936. | 10c | 5,230,704 |
| | 11 | Investments - publicly traded securities | | L | 16,392,485. | 11 | 21,963,066 |
| | 12 | Investments - other securities See Part IV, line 1 | 1 | L | | 12 | |
| | 13 | Investments - program-related See Part IV, line 1 | L | | 13 | | |
| | 14 | Intangible assets | | L | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | L | | 15 | |
| _ | 16 | Total assets. Add lines 1 through 15 (must equa | l line 3 | 3) | 32,266,839. | 16 | 34,364,129 |
| | 17 | Accounts payable and accrued expenses | | | 100,870. | 17 | 244,120 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| -1 | 21 | Escrow or custodial account liability Complete P | art IV | of Schedule D | | 21 | |
| ž. | 22 | Loans and other payables to any current or former | er offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | intial d | ontributor, or 35% | <u> </u> | | |
| ap | | controlled entity or family member of any of these | e pers | ons | | 22 | |
| ۱ ت | 23 | Secured mortgages and notes payable to unrelat | ed the | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third į | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | Complete Part X | • | | |
| | | of Schedule D | | | | 25 | _ |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | | 100,870. | 26 | 244,120 |
| _ | | Organizations that follow FASB ASC 958, chec | k her | e ▶ X | • | | |
| ဗ္ဗီ | | and complete lines 27, 28, 32, and 33. | | - | _ | | - |
| [혈 | 27 | Net assets without donor restrictions | | ļ_ | 32,165,969. | 27 | 34,120,009 |
| <u> </u> | 28 | Net assets with donor restrictions | | | | _28 | ļ |
| ဋ | | Organizations that do not follow FASB ASC 95 | eck here 🕨 🔛 | | | ļ | |
| בּ | | and complete lines 29 through 33. | | ļ. <u>.</u> | | | |
| <u>ဗ</u> | 29 | Capital stock or trust principal, or current funds | | L | | 29 | |
| ise | 30 | Paid-in or capital surplus, or land, building, or equ | | | . <u></u> | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | ome, | or other funds | | 31 | |
| Š | 32 | Total net assets or fund balances | | <u>L</u> | 32,165,969. | 32 | 34,120,009 |
| | 33 | Total liabilities and net assets/fund balances | | | 32,266,839. | 33 | 34,364,129 Form 990 (201 |

Form **990** (2019)

| Form | 990 (2019) PENINSULA ARTS GUILD | 82-342 | 1912 | Pa | ge 12 |
|------|---|-----------|----------|-------------|----------|
| Pai | t XI Reconciliation of Net Assets | | <u> </u> | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | 2 | ,136, | 205 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 344. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | ,980, | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 969. |
| 5 | Net unrealized gains (losses) on investments | 5 | | <26,9 | 11.> |
| 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 | 34 | ,120, | 009. |
| Pai | t 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 | | _ | 1 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | <u> </u> | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | 1 | 1 1 |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | l | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | Ī | 1 |
| | consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 | i | l |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| _ | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | ŀ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | <u> </u> | |
| | Act and OMB Circular A-133? | | 3a | 1 | x |
| h | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | 1 | | |
| _ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 1 | |
| | | | Form | 990 | (2019) |
| | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

| Nam | e of t | the organization | | | | | | Employer | identification number |
|-------|--|---|------------------------------|---|------------------------------------|-----------------------------------|-----------------|-------------------------|----------------------------|
| | | | ULA ARTS GUILD | | | | | | 82-3421912 |
| Pai | ŧΠ | Reason for Public (| Charity Status (/ | All organizations must co | mplete th | s part) Se | e instructions | 3 | |
| The c | organ | ization is not a private found | ation because it is (F | For lines 1 through 12, cl | neck only | one box) | | | |
| 1 | | A church, convention of chi | urches, or associatio | n of churches described | ın sectio | n 170(b)(1 | I)(A)(i). | 0 | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | 1 990 or 99 | 30-EZ)) | | $\triangle O$ | \ |
| 3 | | A hospital or a cooperative | hospital service orga | inization described in se | ection 170 | (b)(1)(A)(ii | i). | \cup | ` |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | ın sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state | | | | | | _ | |
| 5 | | An organization operated for | | lege or university owned | or operat | ed by a go | vemmental u | nıt describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II) | | | | | | |
| 6 | _ | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | /O(b)(1)(A) | (v). | | |
| 7 | | An organization that normal | - | ntial part of its support fr | om a gove | mmental | unit or from th | ne general _l | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | _ | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | t II) | | | | |
| 9 | | An agricultural research org | | * ** ** | | - | | | = |
| | | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university | | | | | | | |
| 10 | Х | , | lly receives (1) more | than 33 1/3% of its suni | ort from o | contribution | ns memberst | nn fees an | d gross receipts from |
| | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment | | | | | | | | |
| | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 | | | | | | | | |
| | See section 509(a)(2). (Complete Part III) | | | | | | | | |
| 11 | \neg | An organization organized a | | vely to test for public sat | ety See | section 50 |)9(a)(4). | | |
| 12 | ヿ | | | | - | | | rry out the | purposes of one or |
| | 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 | | | | | | | | |
| а | | | | | | | | | |
| _ | a Impe I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting | | | | | | | | |
| | | | | | | | | | |
| ь | organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having | | | | | | | | |
| _ | | | | | | | | | |
| | control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. | | | | | | | | |
| c | 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 | d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) | | | | | | | | |
| _ | that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness | | | | | | | | |
| | requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. | | | | | | | | |
| e | | | | | | | | | |
| • | | functionally integrated, or | | | | | . 76 - 1 76 - | , ,, | |
| f | Ente | er the number of supported of | • • | , . | -5 - 5 | | | | |
| | | vide the following information | = | d organization(s) | | | | | |
| | (| i) Name of supported | (II) EIN | (iii) Type of organization | (iv) is the orga in your govern | inization listed ing document? | (v) Amount of | • | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| Tota | 1 | | | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2019 PENINSULA ARTS GUILD

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)

| Seg | ction A. Public Support | | | | | | |
|------|--|---------------------|----------------------|-------------------------|---------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | _(d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | 4,469,871. | 28,383,812. | 1,986,793. | 34,840,476. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | İ | | | | |
| | the organization without charge | | <u>.</u> | | | | |
| 6 | Total. Add lines 1 through 5 | | | 4,469,871. | 28,383,812. | 1,986,793. | 34,840,476. |
| 7 a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | • | | 4,469,871. | 4,982,372. | 1,971,932. | 11,424,175. |
| 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 | | | | | | 0. |
| c | : Add lines 7a and 7b | | | 4,469,871. | 4,982,372. | 1,971,932. | 11,424,175. |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 23,416,301. |
| | ction B. Total Support | | | | | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | 4,469,871. | 28,383,812. | 1,986,793. | 34,840,476. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 348,004. | 137,155. | 485,159. |
| Ł | Unrelated business taxable income | | Ţ | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| • | : Add lines 10a and 10b | | | | 348,004. | 137,155. | 485,159. |
| 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 | | | | | | |
| 13 | assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) | | | 4,469,871. | 28,731,816. | 2,123,948. | 35,325,635. |
| | First five years. If the Form 990 is fo | r the organization' | s first, second, thu | rd, fourth, or fifth ta | x year as a section | 501(c)(3) organiza | tion, |
| | check this box and stop here | J | • | | • | | ► X |
| Se | ction C. Computation of Publi | ic Support Per | rcentage | | | | |
| 15 | Public support percentage for 2019 (| line 8, column (f), | divided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2018 | Schedule A, Part | III, line 15 | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 019 (line 10c, colu | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2018 Schedule A | Part III, line 17 | | | 18 | _% |
| | 33 1/3% support tests - 2019. If the | | | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 17 | ' is not |
| | more than 33 1/3%, check this box as | = | | | | | ightharpoons |
| t | 33 1/3% support tests - 2018. If the | = | _ | | | | nd |
| | line 18 is not more than 33 1/3%, che | _ | | | | | ▶□ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check th | s box and see ins | tructions | |
| | 23 09-25-19 | | | | | edule A (Form 990 | or 990-EZ) 2019 |

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(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)

| Sec | tion A. All Supporting Organizations | - | | |
|-----|---|-------------|----------|---------------|
| | | | Yes | No |
| 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 | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | . 1 |
| | 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) | 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 | 3a | | |
| þ | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | . 1 |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 3c | | |
| 4- | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If | 30 | | |
| 4a | | 4a | - | |
| h | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | -70 | | |
| b | 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 | 4b | | |
| 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 | 4c | | |
| 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, | | | . 1 |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | | ئــــا |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | <u> </u> |
| | designated in the organization's organizing document? | 5b | | |
| | Substitutions only. Was the substitution the result of an event beyond the organization's control? | <u>5c</u> | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | ļ | | |
| | 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) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | <u> </u> | |
| | If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 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. | 9a | | |
| 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. | 9b | | — |
| 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. | 9c | | , |
| 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 | 10a | - | - |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 405 | | |
| | determine whether the organization had excess business holdings.) | 10b | | |

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Schedule A (Form 990 or 990-EZ) 2019

| Schedule | A (Form | 990 or | 990-F71 | 2019 |
|----------|---------|--------|---------|------|

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

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017 d Excess from 2018 e Excess from 2019

BRI699_2

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 82-3421912 PENINSULA ARTS GUILD Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes □Nο violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X Schedule D (Form 990) 2019

932051 10-02-19

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

| Sche | dule D (Form 990) 2019 PENINSULA A | ARTS GUILD | | | | | 82-342 | 1912 | Page 2 |
|------|---|-------------------------|--|---------------|------------------------|--|---------------|------------|------------|
| Pai | t III Organizations Maintaining C | ollections of Ar | t, Histo | rical Tre | asures, or Othe | er Simila | ar Assets | (continu | ied) |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check a | any of the f | ollowing that make | significant | use of its | | |
| | collection items (check all that apply) | | | | | | | | |
| а | Public exhibition | c | , | oan or excl | hange program | | | | |
| b | Scholarly research | e | · 🗀 o | ther | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | y further th | e organization's exe | empt purp | ose in Part | XIII. | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, hist | oncal treas | sures, or other simila | ar assets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arran | | ete if the c | organizatioi | n answered "Yes" o | n Form 99 | 0, Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for co | ontributions | or other assets no | t included | | ٦ | |
| | on Form 990, Part X? | | | | | | | 」 Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing tal | ble | | | т | | |
| | | | | | | | + | Amount | |
| С | Beginning balance | | | | | <u>1c</u> | <u> </u> | | |
| d | Additions during the year | | | | | <u>1d</u> | | | |
| е | Distributions during the year | | | | | <u>1e</u> | | | |
| f | Ending balance | | | | | <u>1f</u> | | ٦., | |
| | 2a Did the organization include an amount on Form 990, 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 | | | | | | ⊢ No | | |
| Par | | | | | | | | | |
| rai | t V Endowment Funds. Complete | — ·· · · · | | | | 1 | ana baali | 4-3 5 | baal. |
| | | (a) Current year | (b) Pri | or year | (c) Two years back | (a) Three | years back | (e) Four y | years back |
| 1a | Beginning of year balance | | <u> </u> | | | 1 | | | |
| þ | Contributions | | 1 | - | | † | | | |
| C | Net investment earnings, gains, and losses | | | _ | | | | | |
| d | Grants or scholarships | | 1 | | | 1 | | | |
| е | Other expenditures for facilities | | | | | İ | | | |
| | and programs | | | | | 1 | - | | |
| Т . | Administrative expenses | | | | | | | | |
| g | End of year balance | est was and balance | . /vno 1a | ookuma (a) | l hold as | 1 | | L | • |
| _ | 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or guasi-endowment ▶ % | | | | | | | | |
| a | Board designated or quasi-endowment Permanent endowment P | % | — ⁷⁰ | | | | | | |
| b | · · · · · · · · · · · · · · · · · · · | % % | | | | | | | |
| C | Term endowment The percentages on lines 2a, 2b, and 2c sho | • - | | | | | | | |
| 32 | Are there endowment funds not in the posse | • | ation that | are held an | id administered for t | the organi | zation | | |
| Sa | by | ssion of the organiza | ation that | are rielo ari | id administered for | uic organi | Zation | - F | Yes No |
| | | | | | | | | 3a(i) | 100 110 |
| | (ii) Unrelated organizations (iii) Related organizations | | | | | | | 3a(ii) | |
| h | If "Yes" on line 3a(ii), are the related organizations | itions listed as requir | red on Sch | nedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | • | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | , |
| | Complete if the organization answere | |), Part IV. | ine 11a. S | ee Form 990, Part > | (, line 10 | | | |
| | Description of property | (a) Cost or o | | | | Accumula | ted | (d) Book | value |
| | | basis (investr | | | , , , | epreciatio | | | |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | 1 | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | 5 | ,230,704. | | | 5,2 | 230,704. |
| ` | . Add lines 1a through 1e (Column (d) must e | oual Form 990 Part | X column | (B) line 10 | Oc.) | | ▶ | 5,2 | 230,704. |

Schedule D (Form 990) 2019

t •

| | | <u></u> | |
|--|--------------------------------|-------------------------------------|------------------------|
| Complete if the organization answered "Yes" of | n Form 990. Part IV. line | e 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 en | d-of-year market value |
| Financial derivatives | <u></u> | | |
| Closely held equity interests | | † | |
| Other | | | |
| | | | - |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | ····· | - | |
| <u> </u> | | <u> </u> | - |
| <u>(F)</u> | - | | |
| (G) | | | |
| (H) | | <u> </u> | <u></u> - |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | <u> </u> | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | <u> </u> | |
| (4) | | <u> </u> | |
| (5) | | <u> </u> | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| ail IA i Olliel Assels. | | | |
| Complete if the organization answered "Yes" of (a) | n Form 990, Part IV, line | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [| | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [| | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" o (a) [1] (2) (3) | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) | | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] | Description | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (3) (4) (5) (6) (7) (8) (9) | Description | e 11d See Form 990, Part X, line 15 | (b) Book value |
| Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. | Description | | |
| Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2] | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2] [3] | Description | | |
| Complete if the organization answered "Yes" of (a) [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2] [3] [4] | Description | | |
| Complete if the organization answered "Yes" of (a) [2] [3] [4] [5] [6] [7] [8] [9] tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2] [3] [4] [5] | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2] [3] [4] [5] [6] | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [2] [1] [2] [3] [4] [5] [6] [7] [8] [9] [8] [9] [9] [1] [1] [1] [2] [2] [3] [4] [5] [6] [7] [8] [9] [9] [1] [1] [1] [2] [2] [3] [4] [5] [6] [6] [7] [6] [6] [7] | Description | | |
| Complete if the organization answered "Yes" of (a) [2] [3] [4] [5] [6] [7] [8] [9] [2] [1] [2] [3] [4] [5] [6] [7] [8] [9] [8] [9] [1] [1] [2] [2] [3] [4] [5] [6] [7] [8] [9] [8] [9] [9] [9] [10] [11] [12] [13] [14] [15] [15] [16] [17] [18] [18] [19] [19] [10] [10] [10] [10] [11] [11] [11] [12] [13] [14] [15] [15] [16] [17] [18] [18] [18] [19] [10] [10] [10] [10] [10] [10] [10] [10 | Description | | |
| Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [2] [1] [2] [3] [4] [5] [6] [7] [8] [9] [8] [9] [9] [1] [1] [1] [2] [2] [3] [4] [5] [6] [7] [8] [9] [9] [1] [1] [1] [2] [2] [3] [4] [5] [6] [6] [7] [6] [6] [7] | 15.) n Form 990, Part IV, line | | |

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Schedule D (Form 990) 2019

| Sche | dule D (Form 990) 2019 PENINSULA ARTS GUILD | | 82-3421912 Page 4 |
|-------|---|---------------------------------|--|
| | t XI Reconciliation of Revenue per Audited Financial Sta | tements With Revenue | per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lir | ne 1 <u>2a</u> | |
| 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 | 2b | |
| С | Recoveries of prior year grants | 2c | |
| 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 | |
| ь | Other (Describe in Part XIII) | 4b | |
| c | 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 St | atements With Expens | es per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, III | ne 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 | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | <u> </u> | 2e |
| 3 | Subtract line 2e from line 1 | | , 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, 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 | |
| | Add lines 4a and 4b | | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8.) | 5 |
| Pa | rt XIII Supplemental Information. | | |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b and 2b, Pa | rt V, line 4, Part X, line 2, Part XI, |
| | 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a | | |
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| 93305 | 4 10-02-19 | | Schedule D (Form 990) 2019 |

SCHEDULE J (Form 990)

Department of the Treasury

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

PENINSULA ARTS GUILD

Employer identification number

82-3421912

| Pa | rt I Questions Regarding Compensation | | | |
|-----|--|----------|----------|--|
| | | | Yes | No |
| ta | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | <u> </u> | | [] |
| | First-class or charter travel Housing allowance or residence for personal use | . 1 | ĺ | 1 1 |
| | Travel for companions Payments for business use of personal residence | . ' | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| ь | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | X Compensation committee | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | 1 1 |
| • | organization or a related organization | | | 1 1 |
| а | Receive a severance payment or change-of-control payment? | 4a | | х |
| ь | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | х |
| c | | 4c | | х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | , | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of | | l | |
| а | The organization? | 5a | | Х |
| ь | Any related organization? | 5b | | х |
| | If "Yes" on line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | . | | |
| | contingent on the net earnings of | | | |
| а | | 6a | | х |
| | Any related organization? | 6b | | х |
| | If "Yes" on line 6a or 6b, describe in Part III | | Γ | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | l | <u> </u> |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | <u> </u> | |
| _ | Regulations section 53 4958-6(c)? | 9 | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule | (Forr | n 990 | 2019 |

932111 10-21-19

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

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(1)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| | | (B) Breakdown of | W-2 and/or 1099-MISC compensation | 3C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | ۳ |
|---------------------|------------|--------------------------|------------------------------------|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (n) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | Denerits | (a)-(i)(a) | reported as deferred on prior Form 990 |
| (1) ANDREW DUNLEVIE | (2) | 178,926. | 0. | 0. | 0 | 23,292. | 202,218. | 0. |
| PRESIDENT/DIRECTOR | : 3 | 0 | 0. | 0 | 0 | 0. | 0 | |
| (2) THOMAS BAILEY | Ξ | 65,935. | 250,000. | 0. | 0 | 3,416. | 319,351. | 0 |
| GENERAL MANAGER | Ξ: | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (1) | | | | | | | |
| | E | | | | | | | |
| | (i) | | | | | | | |
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| | | | | | | | Sched | Schedule J (Form 990) 2019 |
| 932112 10-21-19 | | | | | | | | |

4)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

PENINSULA ARTS GUILD 82-3421912 Types of Property (d) (a) (b) Noncash contribution Number of Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes Intellectual property 8 1,005,066. FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II x 31 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? 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,

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

Schedule M (Form 990) 2019

| Schedule M (Form 990) 2019 PENINSULA ARTS GUILD | 82-3421912 | Page 2 |
|---|--|---------------|
| Part II Supplemental Information. Provide the information required by Part I, lines 3 is reporting in Part I, column (b), the number of contributions, the number of items rectified this part for any additional information | 0b, 32b, and 33, and whether the organization of both. Also completely or a combination of both. | tion olete |
| | | |
| SCHEDULE M, PART I, COLUMN (B): | | |
| | | |
| THE NUMBER REPORTED IS THE NUMBER OF CONTRIBUTIONS. | | |
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| 932142 09-27-19 | Schedule M (Form | 990) 2019 |

SCHEDULE O

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(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization PENINSULA ARTS GUILD 82-3421912 FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AUTHORIZED AGENTS OF THE ORGANIZATION AND REVIEWED BY THE BOARD OF DIRECTORS BEFORE BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, OR MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER A POTENTIAL CONFLICT HAS BEEN DISCLOSED, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE BOARD OR COMMITTEE DETERMINES THAT A COVERED PERSON HAS A FINANCIAL INTEREST, THEN IT WILL BE INVESTIGATED AND DETERMINED BY A MAJORITY VOTE OF THE DISINTERESTED BOARD MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTERESTS. FORM 990, PART VI, SECTION B, LINE 15A: IN SETTING THE PRESIDENT'S COMPENSATION. THE BOARD FOLLOWED THE PROCEDURES SET FORTH IN THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS SECTION 53.4958 TO ESTABLISH A REBUTTABLE PRESUMPTION THAT THE TOTAL COMPENSATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization PENINSULA ARTS GUILD | Employer identification number 82-3421912 |
| OFFERED TO THE CHIEF EXECUTIVE IS FAIR, REASONABLE, AND NOT EXCESSIVE. | |
| PRIOR TO APPROVING THE COMPENSATION ARRANGEMENT, AN INDEPENDENT BODY OF | |
| DIRECTORS WAS FORMED TO CONDUCT A COMPARABILITY REVIEW OF THE PROPOSED | |
| COMPENSATION. THIS INDEPENDENT BODY DID NOT INCLUDE THE CHIEF EXECUTIVE OR | |
| ANY DIRECTORS HAVING A CONFLICT OF INTEREST WITH RESPECT TO THE PROPOSED | |
| TRANSACTION. THE INDEPENDENT DIRECTORS HAVE OBTAINED DATA OF COMPARABLE | |
| COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE | |
| POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. SUCH COMPARABLE COMPENSATION | |
| DATA WAS OBTAINED FROM PUBLICLY AVAILABLE IRS FORM 990S. THE INDEPENDENT | |
| DIRECTORS HAVE DETERMINED AN ANNUAL SALARY THAT IS FAIR, REASONABLE, AND | |
| NOT EXCESSIVE IN COMPARISON TO SALARIES OF SIMILARLY QUALIFIED PERSONS IN | |
| FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND | |
| FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WHEN | |
| REQUIRED BY FEDERAL AND STATE LAW. | |
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