ernal Revenue Service

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.

Inspection

OMB No 1545-0047

For the 2017 calendar year, or tax year beginning	and ending
Check if applicable C Name of organization	D Employer identification number
Address LOST PINES ART LEAGUE	
Name change Doing business as	57-1239456
Initial return Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E Telephone number
Final 815 MAIN STREET	512-321-8055
city or town, state or province, country, and ZIP or foreign postal co	ode G Gross receipts \$ 418,96
Amended BASTROP, TX 78602	H(a) Is this a group return
Application F Name and address of principal officer JOHN BURNS	for subordinates? Yes X
SAME AS C ABOVE	H(b) Are all subordinates included? Yes
	947(a)(1) or 527 5 If "No," attach a list (see instructions)
Website: ► WWW.BASTROPFINEARTSGUILD.COM	H(c) Group exemption number ▶
Form of organization: X Corporation Trust Association Other	L Year of formation: 1998 M State of legal domicile:
Part I Summary	1
1 Briefly describe the organization's mission or most significant activities	
FOR THE MUTUAL AID AND PROMOTION OF A Check this box if the organization discontinued its operations of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a)	
2 Check this box if the organization discontinued its operations of	
Number of voting members of the governing body (Part VI, line 1a)	3
4 Number of independent voting members of the governing body (Part VI, II	· · · · · · · · · · · · · · · · · · ·
5 Total number of individuals employed in calendar year 2017 (Part V, line 2 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	1
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990-T, line 34	
b Net unrelated business taxable income from Form 990-1, line 34	
9 Contributions and grants (Part VIII June 1h)	Prior Year Current Year 257,063. 259,68
8 Contributions and grants (Part VIII, line 1h)	71,229. 92,98
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,837. 45
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,875. 36,43°
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202 054
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13 Grants and similar amounts paid (Part IX, column (A), lines 15 VED 14 Benefits paid to or for members (Part IX, column (A), lines 15 VED	0.
14 Benefits paid to or for members (Part IX, column (A), The LEVED	0.
45 Calargo other componentian ampleuse has the (Part IV column (A) line	
15 Salaries, other compensation, employee bandins (Part IX, column (A), line 11e) 0 2018 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 2018 17 Other expenses (Part IX, column (A), line 11a, 11a, 11a, 11a, 11a, 11a, 11a, 11a	0.
b Total fundraising expenses (Part IX, column (D), line 25)	22,470.
17 Other expenses (Part IX, column (A), lines 11a-110 (1242)	184,444. 409,63
18 Total expenses Add lines 13-17 (must equal Part IX, column (A)-line 25)	
19 Revenue less expenses Subtract line 18 from line 12	74,09087,51
	Beginning of Current Year End of Year
20 Total assets (Part X, line 16)	5,151,159. 5,438,93
21 Total liabilities (Part X, line 26)	1,408,452. 1,783,74
22 Net assets or fund balances Subtract line 21 from line 20	3,742,707. 3,655,18
Part II Signature Block	
nder penalties of perjury, I declare that Lhave examined this return including accompanying	schedules and statements, and to the best of my knowledge and belief, it
ue, correct, and complete. Declaration of preparer (other than officery's based on all information	tion of which preparer has any knowledge.
10h H &	10/23/2015
ign Signature of officer	Date /
ere JOHN BURNS, TREASURER	
Type or print name and title	
Print/Type preparer's name Preparer's signature	Date Check PTIN
aid JANICE KANA JANICE KANA	09/17/18 self-employed P01777957
eparer Firm's name SEIDEL SCHROEDER	Firm's EIN > 74-2052353
se Only Firm's address 2707 SOUTH MARKET	
BRENHAM, TX 77833	Phone no (979) 836-613
ay the IRS discuss this return with the preparer shown above? (see instructions)	X Yes
2001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate in	

Form 990 (2017)

Form 990 (2017) LOST PINES ART LEAGUE

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	<u> </u>		
U	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			٠,,
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	122		х
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	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		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ŀ		
	complete Schedule G. Part III	19	000	X
		Form	990	(2017)

Part IV Checklist of Required Schedules (continued)

			_	
			Yes	
	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	١		
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			₩.
^4-	Schedule J	23		X
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			v
b	Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes."			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
	, 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
^4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
OZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2017)

r ai	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1	0	100	.,,0
ь	· · · · · · · · · · · · · · · · · · ·	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X	
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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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
b	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)	<u> </u>		1,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c	_	
oa	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 charitable contributions?			x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<u> </u>
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100	_	
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ.,
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-	<u> </u>	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	-	J
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	 	
10	Section 501(c)(7) organizations. Enter	_9b	\vdash	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┪		
11	Section 501(c)(12) organizations. Enter	┪		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	٦.		
	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		
b	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С		 	<u> </u>	لـــا
14a	, , , , , , , , , , , , , , , , , , ,	14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	
		Forn	n 990	(2017)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 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 appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Rа X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15h If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed -NONE 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records. JEANETTE CONDRAY - 512-576-1100 138 SERENITY DRIVE, BASTROP 78602

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		organization compensate					sate	ed any current officer, d			
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do				ใ than o	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of	
	week	_	· · · · · · · · · · · · · · · · · · ·			T	<u> </u>	from	from related	other	
	(list any hours for	lirect.				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	9	喜			safe		(W-2/1099-MISC)	(***271033-141100)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	in per		(11 2) 1000 111100)		and related	
	below	qual	ig i	, in	ogd	stco	- E			organizations	
	line)	\u00e4	tnstil	Officer	Key employee	Highest compensated employee	Former			_	
(1) KAROL RICE	2.00										
VICE-PRESIDENT	1	X	_	X	<u> </u>	<u> </u>		0.	0.	0.	
(2) MATT HART	2.00	ļ							_	_	
TREASURER	<u> </u>	X		X	<u> </u>			0.	0.	0.	
(3) CJ JORDAN	2.00							_	_	_	
SECRETARY		Х		Х	╙			0.	0.	0.	
(4) MARLENE OUTLAW	2.00	ļ		l			İ				
PARLIAMENTARIAN		X	_	Х	▙		ļ	0.	0.	0.	
(5) ANN BROWN	2.00	l									
DIRECTOR		Х	_		⊢	<u> </u>		0.	0.	0.	
(6) JANE HUNT	2.00	١.,					}			•	
DIRECTOR	1 2 00	Х	-		⊢	-		0.	0.	0.	
(7) PAUL LICE DIRECTOR	2.00	x				ļ					
(8) MICHELLE ADAMS	2.00	^	\vdash		├—	-	-	0.	0.	0.	
PRESIDENT	2.00	┨		x		ŀ		0.	0.	0.	
RESIDENT	 	├	-	^		\vdash	-		0.	· ·	
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										F 000 (0017)	

Form 990 (2017)

Part VII Section A. Officers, Director	s, Trustees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
` (A)	(B)	(B) (C) (D) (E)						(E)			(F)		
Name and title	Average	١	Position					Reportable	Reportable	ŀ	Es	timate	d
•	hours per	box,	(do not check more than one box, unless person is both an			s both	ап	compensation	compensation	1	am	nount c	of
	week	offic	er an	d a di	recto	r/trust	ee)	from	from related			other	
	(list any	cto						the	organizations		com	pensat	ion
	hours for	ă	63			펿		organization	(W-2/1099-MIS	C)	fr	om the	;
	related	stee	ruste			Busa		(W-2/1099-MISC)			-	anızatı	
	organizations	al tru	nal t		doyee	S 85						i relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	emb/	Highest compensated employee	mer				orga	ınızatıo	ns
	inte)	트	Ius	ē	, Š	포통	Œ			\rightarrow			
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dh Cub Asasi	L					Ш		0.		0.			0.
1b Sub-total	D- 43/11 O- 4 4							0.		0.			0.
c Total from continuation sheets to	Part VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						\ I	▶	1	000 -	<u> </u>			<u> </u>
2 Total number of individuals (including	=	ose	liste	d ab	ove) Wh	o re	eceived more than \$100,	UUU of reportable				0
compensation from the organization	1		-								· 1	Yes	No
3 Did the organization list any former	officer director or tra	ietac	. ka	v on	nnlo	VAA	or t	highest compensated er	nnlovee on	ſ			
· · · · · · · · · · · · · · · · · · ·		13166	, KC	y Cii	ipio	ycc,	011	nighest compensated er	npioyee on	ŀ	3	\longrightarrow	X
line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a,		^ ^^	mno		tion	and	o+h	or componentian from t	no organization	ł	-		
and related organizations greater th									le organization	ŀ		$\overline{}$	Х
5 Did any person listed on line 1a rece									fuel for convious	ŀ	4		<u> </u>
rendered to the organization? If "Ye					-		iate	sa organization or individ	idai ioi services	ŀ	5	- 	Х
Section B. Independent Contractors	es. complete Scriedule	2 J T(or su	ich t	pers	on					5]		-22
Complete this table for your five high	hest compensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	 ensat	ion fro		
the organization Report compensa													
	(A)						ł	(B)		_	(C		
Name and b	usiness address	NC	ONE	<u> </u>			4	Description of s	ervices		omper	nsation	1
·							\dashv	<u></u>	·				
•							1						
													
							_	· · · · · · · · · · · · · · · · · · ·					
							- }						
			-				\dashv						
2 Total number of independent contra		ot lin	nıtec	l to t	_		ted	above) who received mo	ore than				_
\$100,000 of compensation from the	organization >)							

* 1163	P LEE	Check if Schedule O cont	ains a resnonse	or note to any lin	e in this Part VIII			
destroy de partie de la constante de la consta		Green Greene Com	ans a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	f g	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a.1f TEACHING ROOM R	ots, and ve 1f 1 1a-1f \$	10,505. 40,000. 209,181. Business Code 900099 900099	259,686. 78,843. 12,517. 1,629.	78,843. 12,517. 1,629.		
Pro	f	All other program service reve	enue				No mass	, , , , , , , , , , , , , , , , , , , ,
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties		•	92,989.	455.		
٠	6 a	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
,		Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Secunties	(II) Other				
/enne	8 a	: Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	of	•				
· Other Revenue	, (contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	a b draising events	29,393.	31,940.			31,940.
t t	10. a	Less direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	returns a	>				
		,	ie .	Business Code 900099	4,499.	4,499.	The second secon	
		All other revenue Total. Add lines 11a-11d	٠,	<u>. </u>	4,499.		The state of the s	
	12	Total revenue See instructions.			389,569.	97,943.	0.	31,940.

Form 990 (2017) LOST PINES AR Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		_	mplete column (A).	
	not include amounts reported on lines 6b, 8b, 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				
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	67,452.	54,954.	6,033.	6,465.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				`
9	Other employee benefits			, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees)				,
a	Management				
b	Legal	11 551		11 551	
c	Accounting	11,551.		11,551.	
d	Lobbying	 	FERENCE TO TAKE A TOTAL TO THE SECOND OF THE	ign girtag nagaga galas da	,
e	Professional fundraising services. See Part IV, line 17			(5) (한 경남기 (특별변수) - 1일) r	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 166	E10	2 640	
	column (A) amount, list line 11g expenses on Sch 0.)	3,166. 11,286.	518. 11,286.	2,648.	
12	Advertising and promotion	3,669.	11,280.	3,669.	<u> </u>
13	Office expenses	3,009.		3,009.	
14	Information technology				
15	Royalties	18,845.	16,988.	1 057	
16	Occupancy	10,045.	10,300.	1,857.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	16,845.	16,837.	. 8.	
19 20	Conferences, conventions, and meetings Interest	95,570.	95,570.	- · · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates	23,3700	23,370		
22	Depreciation, depletion, and amortization	152,219.	152,219.		
23	Insurance	12,285.	12,285.		
24	Other expenses. Itemize expenses not covered			THE PARKET PARKET	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ARTIST COMMISSIONS	17,964.	17,964.	And the state of t	the first continues on the Co. March 14 and
b	BUILDING FUND FUNDRAISE	11,005.			11,005.
c	GRANT EXP	11,000.	11,000.		==,000
d	CLASSES	10,841.	10,841.		
	• • • • • • • • • • • • • • • • • • • •	33,389.	25,209.	8,180.	
25	Total functional expenses Add lines 1 through 24e	477,087.	425,671.	33,946.	17,470.
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 fif following SOP 98-2 (ASC 958-720)				
70004	3 11-28-17				Form 990 (2017)

		Check if Schedule O contains a response or not	e to any	line in this Part X	·		
				•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			159,183.	1	79,313
	2	Savings and temporary cash investments				2	
١	3	Pledges and grants receivable, net			88,725.	3	77,309
	4	Accounts receivable, net				4	8,500
	-	Loans and other receivables from current and fo	rmer off	icers, directors,		18 20 m	
		trustees, key employees, and highest compensa	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Part II of Schedule L	,	,		5	
-	6	Loans and other receivables from other disqualif	ied ners	sons (as defined under		A127	Section of the section of
ļ	Ū	section 4958(f)(1)), persons described in section	•	•		1	
- 1		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr)			San v. d . vageth for fleely year con-	6	TO STORY PROGRAMMENT OF THE PERSON OF THE PE
3	7	Notes and loans receivable, net	Compie	ate i art ii oi och L		7	
22266	8	Inventories for sale or use		,		8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment cost or other	1 1			WELLER	
	10a	basis Complete Part VI of Schedule D	10a	5,421,080.		14 (1) Y	
	L	·	10b	179,463.	4,871,632.	10c	5,241,617
		Less accumulated depreciation	ַ מטו	1/5,405.	4,071,032.	11	3,241,017
- 1	11	Investments - publicly traded securities	1	•			
-		Investments other securities See Part IV, line 1				12	-
-	13	Investments - program-related See Part IV, line				13	
	14	Intangible assets	•		31,619.	14	32,194
-	15	Other assets See Part IV, line 11	-11	٠	5,151,159.	15	5,438,933
╅	16	Total assets. Add lines 1 through 15 (must equa	al line 34	4)	423,251.	16	264,557
-	17	Accounts payable and accrued expenses	•		423,231.	17	204,337
-	18	Grants payable				18	
-	19	Deferred revenue				19	
-	20	Tax-exempt bond liabilities	- · · · ·	,		20	
	21	Escrow or custodial account liability Complete F			By the for the first of the state of the sta	21	a trivial telephone in a section of
3	.22	Loans and other payables to current and former				م واص داريا داد راياز داد راياز	
		key employees, highest compensated employee	s, and c	lisqualified persons	C 070	, 25 ch	1 014
		Complete Part II of Schedule L			6,078.	22	1,014
۱,	23	Secured mortgages and notes payable to unrela			974,521.	23	1,510,644
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
ı		parties, and other liabilities not included on lines	17-24)	Complete Part X of	4 600		7 500
-		Schedule D			4,602. 1,408,452.	25	7,529 1,783,744
┥	26	Total liabilities. Add lines 17 through 25			1,400,402.	26	1,700,744
		Organizations that follow SFAS 117 (ASC 958		there 🕨 🗓 and			
ß		complete lines 27 through 29, and lines 33 an	d 34.		2 F10 240	(i =i	2 F1F 020
	27	Unrestricted net assets			3,518,340.	27	3,515,830
1	28	Temporarily restricted net assets		•	224,367.	28	139,359
2	29	Permanently restricted net assets		ी पुत्र में पुत्र केला का स्टेस्ट किया कि	29	The second secon	
3		Organizations that do not follow SFAS 117 (A	SC 958	, check here		N. f.	
5		and complete lines 30 through 34.			The first of the control of the second	print.	
3	30	Capital stock or trust principal, or current funds				30	
3	31	Paid-in or capital surplus, or land, building, or ed				31	
iver Assets of Fully Balances	32	Retained earnings, endowment, accumulated in	come, o	r other funds		32	<u> </u>
-	33	Total net assets or fund balances		,	3,742,707.	33_	3,655,189
- 1	34	Total liabilities and net assets/fund balances			5,151,159.	34	5,438,933

Form **990** (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

LOST PINES ART LEAGUE

Employer identification number

57-1239456 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Sec	ction A. Public Support	alow, please comp	lete Part II)		····· ··· ·· ·		
	··	(5) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	ti) iotai
1	membership fees received. (Do not		,				
	include any "unusual grants ")	131,456.	3159388.	506,299.	257,063.	259,686.	4313892.
_	•	131,430.	31373001	300,233.	237,003.	233,000:	43130321
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	118,332.	65,363.	69,572.	98,596.	158,821.	510,684.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	7,770.	8,000.		}		15,770.
5	The value of services or facilities	7,7,700	0,000				
٠	furnished by a governmental unit to						
	the organization without charge	!					
6	Total. Add lines 1 through 5	257,558.	3232751.	575,871.	355,659.	418,507.	4840346.
	Amounts included on lines 1, 2, and	,			,		
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						4840346.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	257,558.	3232751.	575,871.	355,659.	418,507.	4840346.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			16,105.	7,376.	455.	23,936.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b			16,105.	7,376.	455.	23,936.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	257,558.	3232751.	591,976.	363,035.	418,962.	4864282.
14	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	ıx year as a sectior	1 501(c)(3) organiza	ation,
	check this box and stop here						<u> </u>
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.51 %
	Public support percentage from 2016					16	99.48 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)17 (l ine 10c, colur	nn (f) divided by lin	e 13, column (f))		17	.49 %
18	Investment income percentage from	2016 Schedule A,	Part III, line 17				.52 %
19	a 33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the						▶ X
	line 18 is not more than 33 1/3%, che	-					
~	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
" " " " " " " " " " " " " " " " " " "	162	2 8 M. C
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5c 6 7 8 8 9a		

Pa	★V// Type III Non-Functionally Integrated 509(a)(3) Supporting Output Description Output Description g Orga	nizations	J	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trúst o	n Nov 20, 1970 (explain in Pa	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete.S	Sections A through E	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	,	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	,	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			-
	collection of gross income or for management, conservation, or	"		
	maintenance of property held for production of income (see instructions)	6	,	,
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	\$77,4°,6		HAVIOR THEN WELL
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
·d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	T Partie		
	factors (explain in detail in Part VI)	5.5.1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	经基础的基础的	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4	Enter greater of line 2 or line 3	4		,
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		基础等的特别	
	emergency temporary reduction (see instructions)	6	eroje je i	
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting organ	nization (see

, Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	,		
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	,		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		,
	(provide details in Part VI) See instructions		· · ·	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	y		
	,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	SECRETARINE FERRE		
2	Underdistributions, if any, for years prior to 2017 (reason-		The state of the s	
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017	新生2000年1200日		
_ <u>-</u>				
ь	From 2013			
	From 2014	是在基础的各种的。		
	From 2015			
	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	4.47.47.47.44.66.48	17 = 37 w 0 m uur = = =	
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	to Indiana distribution	eed of the leaf	
С	Remainder Subtract lines 4a and 4b from 4		Pathagailtean againtail	
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	WARE THE WARREN		
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			,
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	·		
8	Breakdown of line 7			ENTER WESTERN
a	Excess from 2013			建筑的现在是是基础的
" b	Excess from 2014	an acceptance		医生要点类型形态
С	Excess from 2015	自由。但是由自己的		
<u>d</u>	Excess from 2016			
	•	in March 10 at the Minute of the Street of the Same reserve.	1017 Align through the party for 11th Salar Conf.	China county by the set of the Set on Marketer rolls by

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization LOST DINES APT LEAGUE Employer identification number 57-1230456

Par	t I Organizations Maintaining Donor Advised		or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Of Accounts. Complete if the
	Organization answered Tes Off Offi 990, Fait IV, init	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(4) 20101 441000 141100	(b) i and and exist accounts
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advise	ad funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor as	_	
Ū	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	ability authority of the any other perposes	Yes No
Par		anization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organization	- ''	
	Preservation of land for public use (e.g., recreation or e	· — ; · · ·	orically important land area
	Protection of natural habitat	. —	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing consi	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
_			
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(r	
9	In Part XIII, describe how the organization reports conservation	on accompate in its revenue and evenues	Yes No
3	include, if applicable, the text of the footnote to the organization		
	conservation easements	ion's manda statements that describes to	ne organization a accounting to
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	,	
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement.	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic 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 trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u> b</u>	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sche	dule D (Form 990) 2017 LOST PI	NES ART LE	AGUE				Ē	7-12	39456	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othei	r Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the f	ollowing that	are a si	gnificant us	se of its c	ollection ite	ms
	(check all that apply).									
а	Public exhibition	•	يا ه	Loan or exc	hange progra	ams				
b	Scholarly research	•	e []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	-		•	_			e in Part	XIII	
5	During the year, did the organization solicit o					er sımılar	assets	_	 1	
D	to be sold to raise funds rather than to be ma								Yes	No
Par			lete if the	organizatio	n answered '	'Yes" on	Form 990,	Part IV, I	line 9, or	
	reported an amount on Form 990, Par									
та	Is the organization an agent, trustee, custodic	an or other intermed	nary for o	contributions	s or other ass	sets not i	incluaea		7	— . .
	on Form 990, Part X?	and a amentaka Aba far		abla					」Yes │	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able					Amount	
•	Beginning balance						1c		Amount	
c d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for e	escrow or cu	ustodial acco	unt liabil		Г	Yes	No
	If "Yes," explain the arrangement in Part XIII						,] 100	
Par							10			
	-	(a) Current year		rior year	(c) Two year		(d) Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships `		<u> </u>							
e	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	ed for th	ie organiza	tion	<u> </u>	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as room	rad on S	obodulo D2	•				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	· ·			•		•		30	
_	t VI Land, Buildings, and Equipm		JWINCINC I	arias						
	Complete if the organization answered		0. Part IV	/, line 11a. S	ee Form 990	. Part X.	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	d T	(d) Book v	alue
		basis (investi			(other)		preciation		,=, === ·	
	Land				4,888.				384,	888.
	Buildings			•	6,192.		179,46	3.	4,856,	
С	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B), line 1	0c.)			ightharpoons	5,241,	617.

Schedule D (Form 990) 2017

Part VII	•	F 000 David N/ har-	11h O F 000	D-+V 1 40	
(a) Descrip	Complete if the organization answered "Yes" of the organization and the organiz	(b) Book value			nd-of-year market value
		(b) Dook value	(c) Wethod of v	aldation. Cost of el	id-or-year market value
	al derivatives			 	
(2) Closely (3) Other	-held equity interests				· · · · · · · · · · · · · · · · · · ·
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					•
(H)	· · · · · · · · · · · · · · · · · · ·				
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.	1	11. 44. 5.044 44 4 44	1	
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990.	Part X. line 13	
	(a) Description of investment	(b) Book value			nd-of-year market value
(1)					
(2)					
(3)			Ì		
(4)			Î		
(5)					
(6)					
(7)					<u> </u>
(8)					
(9)					
Total (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)			计划程序结合	
(1)	Complete if the organization answered "Yes" (a)	Description	11d See Form 990,	Part X, line 15	(b) Book value
(2)		,		-	
(3)	•				
(4)			-		
(5)	,				
(6)					
(7)					
(8)		1			
(9)					
Total. (Coli Part X	omn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes"		11e or 11f See Forn	n 990, Part X, line 2	▶
1.	(a) Description of liability		(b) Book value	Colonial	
(1) Féd	deral income taxes				
(2) SI	ALES TAX PAYABLE		920.		
(3) AC	CRUED INTEREST PAYABLE		6,609.		
(4)			·	The state of the s	
(5)		-			
(6)				2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)	7,529.		
	y for uncertain tax positions. In Part XIII, provide			inancial statements	that reports the
	zation's liability for uncertain tax positions under		_		

732053 10-09-17

Schedule D (Form 990) 2017

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Go to www.us.gov/Form990 for the latest instructions.

Employer identification number 57_1239456

LOST PI	NES ART LEAGUE				57-1239	456
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern using of ling off onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<u>-</u>						. =
otal			_			
List all states in which the organizatio or licensing	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 LOST PINES ART LEAGUE	57-13	2394	156	Page 3
	Does the organization conduct gaming activities with nonmembers?			es/	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			-	
	to administer charitable gaming?			es (☐ No
13	Indicate the percentage of gaming activity conducted in.				
	a The organization's facility	1	13a		0/.
	o An outside facility	ł			<u>%</u>
	·	_ L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3			
	.				
	Name				
	Address				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	es (☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party > \$				
(: If "Yes," enter name and address of the third party				
	Name				
	Address >				
16	Gaming manager information				
	Name				
	Gaming manager compensation \$				
	December of convers arounded A				
	Description of services provided			•	
	☐ Director/officer ☐ Employee ☐ Independent contractor				
47	Mandaton, distributions				
	Mandatory distributions				
á	a is the organization required under state law to make charitable distributions from the gaming proceeds to		_		
	retain the state gaming license?		└	es/	No No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part IV	art III, line	es 9, 91	o, 10l	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				
	·				
-					
					
				-	
		<u> </u>	· · · · · ·		

Schedule G	(Form 990 or 990-EZ) LOST P Supplemental Information (con	INES ART	LEAGUE	57-1239456 F	Page 4
Partiv	Supplemental Information (con	tinued)			
	,				
					
	·				
					
				·	
			· · · · · · · · · · · · · · · · · · ·	·	
					
				<u> </u>	
					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

2017 Open To Public

Name o	f the	orga	nızatıon

LOST PINES ART LEAGUE

Employer identification number

57-1239456

1 (0) No	ame of disqualified	Inorcon		elationship				ied ,	(a) Description of transportion			(d) Corrected			
(a) Na	ine or disqualified	person		person a	nd org	anızatı	on	(0	(c) Description of transaction			Y	es	No	
													+	_	
													+-	-	
	 									-			+		
													+	+	
2 Enter	the amount of tax	x incurred by t	he org	ganization	mana	gers or	disqu	alified persons duri	ng the year under		· · · · ·				
section	on 4958)	\$				
3 Enter	the amount of tax	x, if any, on lin	e 2, ab	bove, reim	burse	d by th	e orga	anization)	\$				
Part II															
Part II		od/or Erom	Into	rootod	20.50										
		nd/or From												-	
	Complete if the	e organization	answe	ered "Yes"	on Fo	orm 990	D-EZ, F	Part V, line 38a or F	form 990, Part IV, line	e 26; o	r if the	e orgai	nizatio	n	
	Complete if the reported an arr	organization	answe	ered "Yes" Part X, line	on Fo	orm 990			, ,			(h) Apr	oroved		rıttan
(Complete if the	e organization	answe 990, F	ered "Yes"	on Fo	orm 990 or 22 (d) Loan from th	to or	Part V, line 38a or F (e) Original principal amount	form 990, Part IV, line	e 26; o	In	(h) App	oroved ard or		
(Complete if the reported an ama)	e organization nount on Form (b) Relation	answe 990, F	ered "Yes" Part X, line (c) Purpo	on Fo	orm 990 or 22 (d) Loan from the	to or	(e) Original	, ,	(g) defai	In ult?	(h) App by boo	oroved ard or attee?	(i) W agree	ment?
(i	Complete if the reported an ama)	organization nount on Form (b) Relation with organiza	answe 990, F	ered "Yes" Part X, line (c) Purpo of loar	on Fo	orm 990 or 22 (d) Loan from the	to or ne tion?	(e) Original	, ,	(g)	In	(h) App	oroved ard or	(i) W	ment [*]
(i	Complete if the reported an am a) Name of rested person	organization nount on Form (b) Relation with organiza	answe 990, F ship ation	ered "Yes" Part X, line (c) Purpo of loar	on Fore 5, 6,	or 22 (d) Loan from the organizat	to or ne tion?	(e) Original principal amount	(f) Balance due	(g) defai	In ult?	(h) App by boo comm	oroved ard or attee?	(i) W agrees	ment [*]
(inte	Complete if the reported an am a) Name of rested person	organization nount on Form (b) Relation with organiza	answe 990, F ship ation	ered "Yes" Part X, line (c) Purpo of loar	on Fore 5, 6,	or 22 (d) Loan from the organizat	to or ne tion?	(e) Original principal amount	(f) Balance due	(g) defai	In ult?	(h) App by boo comm	oroved ard or attee?	(i) W agrees	ment'
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(i	Complete if the reported an am a) Name of rested person	organization nount on Form (b) Relation with organiza	answe 990, F ship ation	ered "Yes" Part X, line (c) Purpo of loar	on Fore 5, 6,	or 22 (d) Loan from the organizat	to or ne tion?	(e) Original principal amount	(f) Balance due	(g) defai	In ult?	(h) App by boo comm	oroved ard or attee?	(i) W agrees	ment

Total
| Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L. (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

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▶ \$

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Name of the organization

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

Inspection **Employer identification number** 57-1239456

LOST PINES ART LEAGUE	57-1239456
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
ENCOURAGE CULTURAL INTERESTS AND APPRECIATION OF FINE ARTS	•
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS NOT REVIEWED BY THE MEMBERS BEFORE FILING. HOW	EVER, THE REPORT
IS AVAILABLE FOR REVIEW UPON REQUEST AND IT IS KEPT IN THE	PERMANENT FILES
OF THE GUILD.	
FORM 990, PART VI, SECTION C, LINE 18:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION UPON	REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION UPON	REQUEST.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	