Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
GUILD OF CREATIVE ART

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
620 BROAD STREET - ROUTE 35

City or town, state or country, and ZIP + 4
SHREWSBURY NJ 07702

D Employer identification number
21-0725327

E Telephone number
(732) 741-1441

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [X] Cash [ ] Accrual
Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► N/A

J Tax-exempt status (check only one) — [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 174,808.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	7,654.
	2	Program service revenue including government fees and contracts		2	104,338.
	3	Membership dues and assessments		3	21,070.
	4	Investment income		4	18,862.
	5a	Gross amount from sale of assets other than inventory	5a 22,430.		
	b	Less cost or other basis and sales expenses	5b 12,000.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	10,430.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► MISCELLANEOUS INCOME)		8	454.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		► 9	162,808.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	30,521.
	13	Professional fees and other payments to independent contractors		13	3,350.
	14	Occupancy, rent, utilities, and maintenance		14	14,919.
	15	Printing, publications, postage, and shipping		15	924.
	16	Other expenses (describe ► See Other Expenses Statement)		16	99,251.
	17	**Total expenses.** Add lines 10 through 16		► 17	148,965.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,843.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	405,940.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		► 21	419,783.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	103,394.	22	118,140.
23	Land and buildings	303,947.	23	303,947.
24	Other assets (describe ►)	0.	24	0.
25	**Total assets**	407,341.	25	422,087.
26	**Total liabilities** (describe ►)	1,401.	26	2,304.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	405,940.	27	419,783.

BAA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2009)

TEEA0812 01/30/10

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? ART LESSONS AND GALLERY SPACE

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	INSTRUCT ART LESSONS TO APPROXIMATELY 150 STUDENTS PER WEEK (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	70,563.
29	PROVIDE GALLERY SPACE FOR EXHIBITING ARTISTS TO SHOW AND SELL THEIR WORK (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	29a	48,671.
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	119,234.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LAURY EGAN 8 MOUNTAIN ST. HIGHLANDS NJ 07732	PRESIDENT 10.00	0.	0.	
FLORENCE HIGGINS 66 OAK LANE EATON TOWN NJ 07724	SECRETARY 5.00	0.	0.	
VINCENT MATULEWICH 22 HARRINGTON TERRACE MORGANVILLE NJ 07751	1ST VICE PRESIDENT 12.00	0.	0.	
ANTHONY MIGLIACCIO 580 PATTON AVE #41 LONG BRANCH NJ 07740	2ND VICE PRESIDENT 5.00	0.	0.	
TRUDY MARAN 236 ELBERON AVE. ALLENHURST NJ 07711	TREASURER 5.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ►			

42a The organization's books are in care of ► ORGANIZATION Telephone no. ► (732) 741-1441

Located at ► 620 BROAD STREET SHREWSBURY NJ ZIP + 4 ► 07702

			Yes	No
b	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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Laury A. Egan — Signature of officer — Date 3/22/2010

► PRESIDENT LAURY A. EGAN — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date	Check if self-employed ► [X]
Firm's name (or yours if self employed), address, and ZIP + 4 ►	THOMAS J. WHALE & COMPANY CPA'S LLC 106 APPLE STREET SUITE 206 TINTON FALLS NJ 07724		Preparer's Identifying Number (See instructions) EIN ► Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions ► [ ] Yes [ ] No

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.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
GUILD OF CREATIVE ART	21-0725327

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 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	a family member of a person described in (i) above?	**11g (ii)**	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	19,466.	23,779.	24,629.	34,168.	28,724.	130,766.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3	19,466.	23,779.	24,629.	34,168.	28,724.	130,766.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						130,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	19,466.	23,779.	24,629.	34,168.	28,724.	130,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	270.	5,766.	13,321.	12,726.	2,756.	34,839.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						165,605.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	**14**	78.96 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	**15**	78.87 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
ADVERTISING	3,315.
BANK FEES	180.
CREDIT CARD FEES	1,293.
LICENSES AND PERMITS	214.
DUES AND SUBSCRIPTIONS	250.
INVESTMENT FEES	60.
INSURANCE	3,548.
MEMBERSHIP APPLICATION FEES	500.
OFFICE SUPPLIES	2,382.
MISCELLANEOUS EXPENSES	1,433.
PAYROLL AND OTHER TAXES	3,083.
SHOWS AND RECEPTIONS	10,921.
TEACHER FEES	70,563.
TELEPHONE	1,509.
Total	99,251.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending. 12 / 31 / 2009 (month / day / year)
2. Federal ID Number (EIN) 21-0725327 2a. N.J. Charities Registration Number. CH- 0680100
3. **Full legal name of the registering organization:** GUILD OF CREATIVE ART
   In care of: (if necessary, otherwise leave this line blank) _____
4. **Mailing Address:** 620 BROAD STREET RT35 (Street Address) SHREWSBURY (City) NJ (State) 07702 (ZIP Code) ☐ **Change of Address**

NOTE: If " in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____ (Street Address / City / State / ZIP Code)
   ☐ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
   If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

_____
Contact person / Street address / City / State / ZIP Code

_____ (Telephone number (include area code)) _____ (Fax number (include area code))

7. Organization's contact information:

732-741-1441 (Telephone number (include area code)) _____ (Fax number (include area code))

_____ (E-mail address) _____ (Web site)

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

7

GUILD OF CREATIVE ART

9. Where and when was the organization legally established? Date: 6/1960 State: NJ
As required by the C R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? ☐ Yes ☒ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☐ Yes ☒ No
If "Yes." please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

PROVIDE ART LESSONS AND GALLERY SPACE

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned Only major program categories need be listed. If necessary, attach a separate statement to this registration.

1) PROVIDE GALLERY SPACE FOR EXHIBITING ARTISTS TO SHOW AND SALE THEIR WORK
2) PROVIDE ART LESSONS TO STUDENT
3) PROVIDE GALLERY SPACE FOR ARTISTS TO CONDUCT WORKSHOPS

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☒ No
b. Has a tax exemption been granted under another I.R S code? ☐ Yes ☒ No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper

GUILD OF CREATIVE ART CH 0680100

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
Laury Egan	8 mountain st Highlands NJ	732-741-1441	President	0.00
Vicent Matulewich	22 Harrington Terrace Morganville NJ 07751	732-741-1441	1st V. President	0.00
Anthony Migliaccio	580 patton ave. #41 Long Branch NJ 07740	732-741-1441	2nd V. President	0.00
Trudy Maran	226 Elberton ave. Allenhurst, NJ 07711	732-741-1441	Treasurer	0.00
Florence Higgins	660 Oak Lane Eatontown, NJ 07724	732-741-1441	Secretary	0.00

CRI-300R Long-Form Registration Renewal Financial Statement

Note: *If the financial value of a line item = 0, place a zero in the space provided.*
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: GUILD OF CREATIVE ART

Fiscal year-end being reported. 12 / 31 / 09 (month / day / year) Federal ID Number (EIN) 21-0725327

Mailing address:
620 BROAD SREET (Mailing Address) | (PO Box Number or Suite) | SHREWSBURY (City) | NJ (State) | 07702 (ZIP code)

Street address of the registering organization: 620 BROAD STREET (Street Address) SHREWSBURY (City) NJ (State) 07702 (ZIP Code)

New Jersey Charities Registration number: CH 0680100 -00 Telephone number. 732-741-1441 (include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $250,000. **Note:** If the organization received gross revenue of less than $250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board

☐ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources.		
(1)	Direct mail	4,591
(2)	Telephone solicitation	
(3)	Commercial co-venture	
(4)	Gross receipts from fund-raising events	
(5)	Canisters, counter cards, door to door etc	
(6)	Corporations and other businesses	
(7)	Foundations and trusts	
(8)	Donated land, buildings, property, equipment and materials	
(9)	Legacies and bequests	
(10)	Membership dues solely resulting from solicitations	
(11)	Other support (specify)	
Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)		4,591
Line A1c. Indirect Public Support received from the following sources:		
(1)	Federated fund-raising organization	
(2)	From an affiliated organization	
(3)	From another fund-raising organization	
Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))		
Line A1e Total Gross Contributions (add lines A1b and A1d)		4,591

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Line A2. Government grants including purchase of service contracts (specify agency)

a.	MONMOUTH ART COUNCIL	3,063
b.		
c.		
d.		
Line A2e	*Total Government Grants* (add lines 2a thru 2d)	3,063

Line A3. Other Support

a.	Bona fide membership	21,070
b.	Program service revenue	104,338
c.	~~Professional services rendered by volunteers~~ UNREALIZED GAIN ON INVESTMENTS	16,106
d.	Miscellaneous income (specify) INTERES + DIVIDEND	25,640
Line A3e	*Total Other Support* (add the total of lines A3a thru A3d).	167,154
Line A4.	**Total Gross Revenue** (add lines A1e, A2e and A3e)	174,808

B. Expenses

Line B1.	Program expenses	131,234
Line B2.	Management and general expenses	29,731
Line B3.	Fund-raising expenses	
Line B4.	Payments to state/national affiliates (if applicable)	
Line B5.	**Total Expenses** (add the totals of line B1 thru B4)	160,965

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) 13,843

D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year.	405,940
Line D2.	Other changes in net assets or fund balances (attach explanation)	13,843
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	419,783

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000 Further information for charity registrants may be found on our Web site. http://www.njconsumeraffairs.gov/ocp/charities.htm.

GUILD OF CREATIVE ART
CH 0680100

FORM CRI-300R, 12/31/09, PAGE 4-5, A. RECEIPTS

LINE A1 CONTRIBUTIONS	4,591
LINE A2 GRANTS	3,063
LINE A3a MEMBERSHIP DUES	21,070
LINE A3b PROGRAM SERVICE REVENUES	104,338
LINE A3c. UNREALIZED GAIN ON INVESTMENTS	16,106
LINE A3d ART AND BOOK SALES, INTEREST, DIVIDEND	25,640
	174,808

FORM CRI-300R, 12/31/08, PAGE 5, B. EXPENSES:

LINE B1. PROGRAM EXPENSES	
ART AND BOOK SALES EXPENSES	12,000
BULLETIN, AD, AND PUBLISHING	2,486
CREDIT CARD FEES	1,293
GALLERY ADMIN, AND MAINTENANCE	7,058
INVESTMENT MANAGEMENT FEES	30
LICENSES, PERMITS, AND DUES	750
OFFICE SUPPLIES AND MISCELLANEOUS EXPENSES	1,908
PROFESSIONAL FEES	1,675
PAYROLL WAGES	15,261
PAYROLL TAXES	1,381
POSTAGE AND SHIPPING	463
INSURANCE	1,774
SHOWS & RECEPTIONS	10,921
TEACHERS FEES	47,843
TELEPHONE	754
TAXES	163
UTILITIES	2,754
WORKSHOP EXPENSES	22,720
	131,234
LINE B2. MANAGEMENT AND GENERAL	
BULLETIN, AD, AND PUBLISHING	829
BANK SERVICE CHARGES	180
GALLERY ADMIN, AND MAINTENANCE	2,353
INVESTMENT MANAGEMENT FEES	30
LICENSES, PERMITS, AND DUES	214
OFFICE SUPPLIES AND MISCELLANEOUS EXPENSES	1,907
PROFESSIONAL FEES	1,675
PAYROLL WAGES	15,260
PAYROLL TAXES	1,381
POSTAGE AND SHIPPING	462
INSURANCE	1,774
TELEPHONE	754
UTILITIES	2,754
TAXES	158
	29,731
LINE B5. TOTAL EXPENSES	160,965

Geneva A Egan — FINANCIAL OFFICER — 3/29/2010
PRESIDENT — TITLE — DATE

Fred Nuran — TREASURER — 4/1/2010
TITLE — DATE

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: GUILD OF CREATIVE ART

N.J. Charities Registration Number: CH - 068010 -00 Federal ID Number (EIN) 21-0725307

Fiscal Year-End being reported: 12 / 31 / 09 (month / day / year)

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

a. each other? ☐ Yes ☒ No

b any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No

c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment

Signature Laury A Egan Name LAURY A. EGAN Title president Date 3/22/2010

Signature Trudy Maran Name TRUDY MARAN Title Treasurer Date 4/1/2010

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer

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Note: Form CRI-300RC must be filed with Form CRI-300R.

Renewal registrants who are required to file the Long-Form Renewal Registration/Verification Statement CRI-300R/RC must submit the following:

(1) A fully completed Long-Form Renewal Statement CRI-300R along with the CRI-300R Financial Statement, the CRI-300RC Confidential Information Statement (with signatures), and all lists, statements and attachments as may be required by answers to the form's questions.

(2) All charity registrants in New Jersey must pay a registration fee based on gross contributions. Please visit our Web site at www.njconsumeraffairs.gov for a complete schedule of registration fees due. A check or money order for the registration fee due, made payable to the New Jersey Division of Consumer Affairs, must accompany the registration form. Cash or credit card payments cannot be accepted Initial registrations must be submitted prior to soliciting in the State of New Jersey. Registrations must be renewed annually, and are due within six months of the fiscal year-end. Extensions of time to file cannot be granted on initial (first-time) registrations.

(3) Charity registrants with total gross revenue in excess of $250,000 annually are required to submit a certified audit (including any management letters) which has been prepared by a certified public accountant

(4) Please write the organization's charities registration number on all checks, forms, and copies of documents submitted.

(5) If the charity was required by the Internal Revenue Service to file an IRS-990 form for the organization's fiscal year-end being reported, a copy, including Schedule A, must be submitted with the registration form.

(6) Photocopies of any orders, judgments, agreements or other documents which show the final disposition of any civil or criminal actions brought against the organization or its board members, must be marked with the related question number and the charities registration number.

(7) Only initial registrants must submit photocopies of the organization's bylaws, the certificate of incorporation and the I.R.S. determination letter. *However, copies of these documents must be resubmitted each time they are amended.*

(8) Mail the completed registration, enclosures and any attachments to the

New Jersey Division of Consumer Affairs
Charities Registration & Investigation Section
P.O. Box 45021
Newark, NJ 07101

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.