EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal 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. Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30,

Open to Public

OMB No. 1545-0047

Inspection

\overline{A}	For the	2019 calendar year, or tax year beginning JU	m L 1 , 2019 and ending	JUN 30, 2020)
_				D Employer identif	
	Check if applicable	:			
Г	Addres	S QUINCY SOCIETY OF FINE	ARTS		
F	Name change			─ │ **-**45	666
F	Initial return	Number and street (or P.0. box if mail is not delive	ered to street address) Room/su		
F	Final	300 CIVIC CENTER PLAZA	244	217-222-	
	lreturn/ termin- ated	City or town, state or province, country, and Z		G Gross receipts \$	372141.
Г	Amend		ii oi ioreigii postar code	H(a) Is this a group	
F	Application		Y CATN	for subordinate	
	pendin	300 CIVIC CENTER PLAZA,	OUINCY, IL 62301	H(b) Are all subordinates	····· — —
$\overline{}$	Tayloye		~ ~ ~ ~		a list. (see instructions)
		e: NWW.ARTSQUINCY.ORG	(mscrtno.) +3+1(a)(1) or c	H(c) Group exemption	
			ociation Other > 1 Ye		M State of legal domicile: IL
	art I	Summary	E III	sai oriorination. ±2 ± / [IVI State of legal dofficile, 22
	T 4	Briefly describe the organization's mission or most s	ignificant activities: TO PROMO	יה אפתק דא יהי	IE COMMINITAN
Governance	1 1	briefly describe the organization's mission or most s	ignificant activities. 10 110110	IL MILD IN II	IL COMMONITI
nan	_ ;	Chook this hav	inued its appretions or dispersed of m	are then OEO/ of its not a	vocata
Ver	2	Check this box if the organization discont	1	10	
ĝ	3	Number of voting members of the governing body (F			10
∞	4	Number of independent voting members of the gove			5
Activities	5	Fotal number of individuals employed in calendar ye			150
Ξį	6	Fotal number of volunteers (estimate if necessary)			·
Ą	/a	Fotal unrelated business revenue from Part VIII, colu			
_	0	Net unrelated business taxable income from Form 9	90-1, line 39	7b	
		Contributions and monte (Dort VIII line 1b)		193617.	Current Year 334016.
ne	8			46989.	
Revenue	9			34457.	
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, a		8529.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		283592	
_		Fotal revenue - add lines 8 through 11 (must equal P		30974.	165584.
		Grants and similar amounts paid (Part IX, column (A)		0.	
		Benefits paid to or for members (Part IX, column (A),	,	110770.	116809.
Expenses	15	Salaries, other compensation, employee benefits (Pa		0.	
ë	16a	Professional fundraising fees (Part IX, column (A), lin	. 05130	0.	0.
X	· _b `	Total fundraising expenses (Part IX, column (D), line		100/01	72201.
_	1/ '	Other expenses (Part IX, column (A), lines 11a-11d,	To the state of th	108401. 250145.	
		Fotal expenses. Add lines 13-17 (must equal Part IX,			
		Revenue less expenses. Subtract line 18 from line 1	2	33447.	+
Net Assets or			-	Beginning of Current Year 607129.	End of Year
SSe	20			4545.	653008.
et A	21	Fotal liabilities (Part X, line 26)		602584.	24902. 628106.
_	<u>2 22 </u> art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20	002304.	020100.
		ties of perjury, I declare that I have examined this return, in	aluding accompanying ashadulas and atot	amanta and to the best of n	av knowledge and balief it is
	-	ties of perjury, I declare that I have examined this return, in a, and complete. Declaration of preparer (other than officer)			ly knowledge and belief, it is
tru	e, correc	, and complete. Declaration of preparer (other than officer)	is based on all information of which prepa	irer nas any knowledge.	
٠.		Signature of officer		I Date	
Sig				Duto	
He	re	HOLLY CAIN, PRESIDENT Type or print name and title			
		, , ,	Non-cond-cat-on-know	Date Check	PTIN
D-	.,	** * *	reparer's signature	Ollook [
Pa		ANITA FAILOR		12/15/20 if self-emplo	_{yed} P00998379 **-***8457
		Firm's name WADE STABLES P.C	•	Firm's EIN ▶	···
US	e Only	Firm's address P.O. BOX 3672	2672		17\ 222 0215
_		QUINCY, IL 62305-		Phone no. (2	
Ma	v the IF	S discuss this return with the preparer shown above	e? (see instructions)		X Yes No

	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	TO PROMOTE ARTS IN THE COMMUNITY									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?									
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No									
3	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.									
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and									
	revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 74269 • including grants of \$									
	ARIS QUINCI MAGAZINE TO FROMOTE ART ACTIVITIES									
4b	(Code:) (Expenses \$ 46860 • including grants of \$ 21754 •) (Revenue \$)									
	ARTS IN EDUCATION TO PROVIDE ART ACTIVITIES TO LOCAL SCHOOLS AND THE									
	COMMUNITY.									
	142020 142020									
4c	(Code:) (Expenses \$143830 . including grants of \$143830 .) (Revenue \$) MISCELLANEOUS PROGRAMS AND EVENTS, INCLUDING REGRANTING PROGRAM TO									
	PROVIDE FUNDS FOR VARIOUS ART ACTIVITIES.									
	THOUSE TON TIMETOOD THE HOLLTEST									
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ 27627 • including grants of \$) (Revenue \$ 1729 •)									
4e	Total program service expenses ► 292586 •									
	Form 990 (2019)									

Form 990 (2019) QUINCY SOCIETY OF FINE ARTS Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year "If "Yes," complete Schedule O, Part II 1 Sist the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization in that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule O, Part III 6 Did the organization in aveidant any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution on investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments to great the environment, bits of all the organization report an amount in Part X, line 21, for escrow or custodial accounts liability, serve as a custodian for amounts not listed in Part X; or provide credit consensing, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II If the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part V II I				Yes	No
2 is 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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization as esciton 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B-19.91 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including assements to presence open space, the environment, historic land areas, or historic arterulars? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escribe or custodial account liability, serve as a custodian for amounts in solit setiol in Part X, proyedes conditioned and part X, line 21, for escribe or custodial account liability, serve as a custodian for amounts in out listed in Part X, proyedes Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for escribe or custodial account liability, serve as a custodian for amounts in clisted in Part X, line 19 and 19 a	1				
3 Dit the organization engage in disect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part I' 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes, 'complete Schedule C, Part II is 1s the organization assention 501(e)(4), 501(c)(6), 670(c)(6), 670(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes, 'complete Schedule C, Part II is 15 Did the organization review of hold a conservation stands or any similar amounts as defined in Revenue Procedure 98-197 If Yes, 'complete Schedule C, Part II is 15 Did the organization review or hold a conservation essement, including assements to preserve open space, the environment, historical treation assement, including assements to preserve open space, the environment, historical treation assement, including assements or preserve open space, the environment, historical treation seasoner. In Vistorical treations, or other similar assets? If Yes, 'complete Schedule D, Part II is 10 Did the organization in amount in Part X, line 21, for secrow or crustodial account liability, serve as a custodian for amounts not listed in Part X (or provide redict conselling, debt management, ordet repair, or debt negotiation services? If Yes, 'complete Schedule D, Part IV is 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part IV is 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part IV is 10 Did the organization report an amount for investments of the rescurities in Part X, line 15; that is 5% or more of its total assets the organization report an amount for other labilities in Part X, line 15; that is 5%		If "Yes," complete Schedule A	$\overline{}$		
A Section 501(R) acquaintations. Dot the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If Yes," complete Schedule C, Part II is the organization as section 501(c)(d), 5	2		2	X	<u> </u>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year "In "Yes," complete Schedule O, Part II 1 Sist the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization in that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "Yes," complete Schedule O, Part III 6 Did the organization maintain any chors advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments or investments or investments or investments or investments or investments or in quasi endowments? If "Yes," complete Schedule D, Part V II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II	3				,,
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b 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	ıs		10		x
b 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	20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	-		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					- <u>-</u> -
democrac government entrare in a constant (v), into 1 100, temperature in the constant in		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

Form 990 (2019) QUINCY SOCIETY OF FINE ARTS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			Х
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	- 0,		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

QUINCY SOCIETY OF FINE ARTS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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).	_		v
	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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 25
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization 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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7,7
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010

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

	Check if Schedule O contains a response or note to any line in this Part VI				X				
<u>Sec</u>	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10)						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b 10)						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X				
5									
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	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 boo		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,							
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b		Х				
	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 arrange	ment with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(3)s only	/) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	. (//							
		on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	•	nd fina	ncial					
	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 be	ooks and records							
	THE ORGANIZATION - 217-222-3432								
	300 CIVIC CENTER PLAZA, NO. 244, OUINCY, IL 62301								

Part VII 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.

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

X Check this box if neither the organization		orga	aniza			npe	nsat			
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	check	more	than		Reportable	Reportable	Estimated
	hours per week					rson is both an irector/trustee)		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	nal tr		loyee	o mp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK MOROWELL	line) 1.00	트	iii	동	<u>\$</u>	E E	호	Y		
(1) MARK MCDOWELL	1.00	X		X				0.	0.	0.
PAST PRESIDENT	1.00	^		^				0.	0.	0.
(2) HOLLY CAIN	1.00	X		X				0.	0.	0.
PRESIDENT (3) SCOTT SMITH	1.00	^		Δ				0.	0.	0.
	1.00	X		х				0.	0.	0.
TREASURER (4) HEATHER KELLER-GILTNER	1.00	_		^				0.	0.	0.
SECRETARY	1.00	X	1	Х		1		0.	0.	0.
(5) CINDA MCCLAIN	1.00	12		1				0.	0.	•
VICE PRESIDENT	1.00	x		X				0.	0.	0.
(6) JENNIFER TETER	1.00	12		122					0.	•
DIRECTOR	1.00	\mathbf{x}						0.	0.	0.
(7) ANNE CASHMAN	1.00	1						-	•	
DIRECTOR		x						0.	0.	0.
(8) ALISON SHAFER	1.00							-		-
DIRECTOR		x						0.	0.	0.
(9) CHUCK SCHOLZ	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DANIEL MCCLEERY	1.00									
DIRECTOR		X						0.	0.	0.
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		<u> </u>		<u> </u>			<u> </u>			
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Part V	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo xoq	not c	Pos heck ss pe	c) ition more erson	tion more than on son is both a rector/truste		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	3	com fr org and	(F) timate nount of other pensa om the anization relate anization	of tion e ion ed
		1110)	n I	<u> </u>	₩ 10	Ke	er "Ei	Former						
							-							
					4	4								
1h C:	ıbtotal								0.		0.			0.
	เชเจเลเ otal from continuation sheets to Part VI								0.		0.			0.
	otal (add lines 1b and 1c)							<u> </u>	0.	000 - 6	0.			0.
	otal number of individuals (including but numpensation from the organization	ot limited to th	iose	IISTE	ed al	DOV	e) w	no r	eceived more than \$100	,000 of reportable)			C
• 5:													Yes	No
	d the organization list any former officer, e 1a? <i>If</i> "Yes," complete Schedule <i>J</i> for s								nest compensated emp			3		X
	or any individual listed on line 1a, is the su		le co	omp	ensa	atior	n an	d ot	her compensation from	the organization				х
	d related organizations greater than \$150 d any person listed on line 1a receive or a											4		
rei	ndered to the organization? If "Yes," com	-				-						5		Х
	n B. Independent Contractors omplete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	 pens	ation f	rom	
	e organization. Report compensation for								n the organization's tax		· 			
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	ervices	С	Ompe		า
								\dashv						
								_						
2 To	otal number of independent contractors (i	ncluding but n	ot li	mita	d to	tho	ee li	etoo	d above) who received a	ore than				
	00,000 of compensation from the organi	•	OL III	iiiite	u 10		0	منحر	above, who received if	IOIG HIAH			000 //	

932008 01-20-20

Ра	rt \	/	Statement of Rev	venue						
			Check if Schedule O c	ontains a res	ponse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns	18	a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		,	21708.				
s, G			Fundraising events		;					
Sift lar,			Related organizations		ı					
is, (Government grants (contril		•	47050.				
tion S		f	All other contributions, gifts, g	rants, and						
ibu.			similar amounts not included a	above 1 f	:	265258.				
do		g	Noncash contributions included in I	lines 1a-1f	3 \$					
<u>8 0</u>		h	Total. Add lines 1a-1f				334016.			
						Business Code				
<u>ce</u>	2	а	ARTS/QUINCY			711300	26996.	26996.		
er		b								
n S		С								
gra Re		d								
Program Service Revenue		e								
_		f	All other program service re				26996.			
	_						20990.			
	3		Investment income (includiother similar amounts)	-			10094.			10094.
	4		Income from investment of				100310			100310
	5		Royalties	•		•				
			Tioyunios	(i) R		(ii) Personal				
	6	а	Gross rents	6a		.,				
			Ī	6b						
			Ī	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Jue				7b						
Revenue			Gain or (loss)							
			Net gain or (loss)			<u></u>				
Other	8	а	Gross income from fundraisin	g events (not						
0			including \$	of	f					
			contributions reported on I							
			Part IV, line 18							
			Less: direct expenses Net income or (loss) from form							
	۵		Gross income from gaming	_		P				
	9	а	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from g			>				
	10		Gross sales of inventory, le							
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from s							
s						Business Code				
e e	11	а	MISCELLANEOUS			711300	1035.	1035.		
lant		b								
Miscellaneous Revenue		С								
Mis			All other revenue				400=			
			Total. Add lines 11a-11d				1035.	20021	_	10007
	12		Total revenue. See instruction	ns			372141.	28031.	0.	10094.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D -	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	165504	165504		
	and domestic governments. See Part IV, line 21	165584.	165584.		
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				
7	persons described in section 4958(c)(3)(B)	104882.	73894.	17222.	13766
7	Other salaries and wages	104002•	13094.	11222	13/00
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11927.	8470.	1891.	1566
9 10		11027.	0170.	1031.	1500
11	Payroll taxes				
'' a	Management				
b	Legal				
C	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17		,		
f	Investment management fees	3925.		3925.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	9636.	6843.	1528.	1265
12	Advertising and promotion	2650.		876.	1774
13	Office expenses				
14	Information technology	3908.	2775.	620.	513
15	Royalties				
16	Occupancy	11663.	8283.	1850.	1530
17	Travel	400.	400.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2805.		2805.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1136.		1136.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PUBLICATIO	21999.	21999.		
b	SUPPLIES	7311.		2595.	4716
c	POSTAGE AND SHIPPING	4936.	4338.	598.	
d	MISCELLANEOUS	978.		978.	
	All other expenses	854.		854.	
25	Total functional expenses. Add lines 1 through 24e	354594.	292586.	36878.	25130
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

<u>. u</u>	IL A	Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			154817.	1	205721.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	5838.	4	1758.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ		6			
Ø	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			5269.	9	3431.
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		23582.			
	Ь	Less: accumulated depreciation		21020.	1793.	10c	2562.
	11	Investments - publicly traded securities			425415.	11	425707.
	12	Investments - other securities. See Part IV, line	13997.	12	13829.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed			607129.	16	653008.
	17	Accounts payable and accrued expenses			4545.	17	3402.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
ý	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub		A			
apil		controlled entity or family member of any of th				22	
Ë	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	21500.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D		' '		25	
	26	Total liabilities. Add lines 17 through 25			4545.	26	24902.
		Organizations that follow FASB ASC 958, c					
ses		and complete lines 27, 28, 32, and 33.		, l			
<u>a</u>	27	Net assets without donor restrictions			580330.	27	606330.
Ba	28	Net assets with donor restrictions			22254.	28	21776.
<u>n</u>		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S 01	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or	F		30		
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			602584.	32	628106.
_	33	Total liabilities and net assets/fund balances			607129.	33	653008.

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		721				
2	Total expenses (must equal Part IX, column (A), line 25)	2	354594.					
3	Revenue less expenses. Subtract line 2 from line 1	3			47.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	602584 7975					
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	281	06.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990	(2019)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization QUINCY SOCIETY OF FINE ARTS Employer identification number **-***4566

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.			
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch								
2		A school described in sect i								
3		A hospital or a cooperative					ii).			
4	一	A medical research organiz						the hospital's name.		
		city, and state:	анон ороналов и со-	njanionon mini a nicopina		000		,		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
J		section 170(b)(1)(A)(iv). (Complete Part II.)								
6				antal unit described in	aaatian 17	70/L\/4\/A\	6.4			
6	H	A federal, state, or local gov	_							
′	ш	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (C	. ,							
8	\vdash	A community trust describe			A					
9		An agricultural research org				-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	e or		
	77	university:								
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from		
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)		7					
11	Ш	An organization organized a	and operated exclusi	ively to test for public sa	ıfety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	iving		
		control or management o	•					•		
		organization(s). You mus			'		5 1	•		
С		Type III functionally inte			in connec	tion with, a	and functionally integrat	ed with.		
		its supported organization					• •	,		
d		Type III non-functionally		•				zation(s)		
		that is not functionally int								
		requirement (see instruct	-		-		-			
е		Check this box if the orga	•							
_		functionally integrated, or					, , , , , , , , , , , , , , , , , ,			
f	Fnte	er the number of supported of	* *	a,g.aa capport	9 0.94					
a		vide the following information	•	d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see mondonomy)						
[nts										

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization quali	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					-	ization
	meets the "facts-and-circumstances" $$	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s ▶∟
					Sche	dule A (Form 990	or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	282140.	180524.	215592.	193617.	195016.	1066889.		
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose	67463.	41921.	43895.	46989.	26996.	227264.		
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								
5	The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	349603.	222445.	259487.	240606.	222012.	1294153.		
	Amounts included on lines 1, 2, and	343003.	222113.	233 107.	240000	222012.	1234133.		
1 6	3 received from disqualified persons						0.		
r	Amounts included on lines 2 and 3 received						•		
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the						0.		
_	amount on line 13 for the year						0.		
	Add lines 7a and 7b						1294153.		
	Public support. (Subtract line 7c from line 6.)						1294133.		
	endar year (or fiscal year beginning in)	(a) 001E	(h) 0010	(=) 0017	(4) 0010	(a) 0010	(6) Tatal		
		(a) 2015 349603.	(b) 2016 222445.	(c) 2017 259487.	(d) 2018 240606.	(e) 2019 222012.	(f) Total 1294153.		
	Amounts from line 6 Gross income from interest,	347003.	22245.	233407.	240000	222012•	1274133.		
IUa	dividends, payments received on	N N							
	securities loans, rents, royalties,	-3619.	20505.	29972.	34457.	10094.	91409.		
	and income from similar sources	-3019.	20303.	43314.	34437•	10094.	91409.		
r	Unrelated business taxable income (less section 511 taxes) from businesses								
	anguired ofter June 20, 1075								
	acquired after June 30, 1975	-3619.	20505.	29972.	34457.	10094.	91409.		
	Add lines 10a and 10b Net income from unrelated business	-3019.	20303.	43314.	34437•	10094.	91409.		
"	activities not included in line 10b,								
	whether or not the business is								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital		702	4044	0530	1025	1 5 2 0 1		
	assets (Explain in Part VI.)	245004	793.	4944.	8529.	1035.	15301.		
	Total support. (Add lines 9, 10c, 11, and 12.)	345984.	243743.	294403.	283592.	233141.	1400863.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,		
							>		
	ction C. Computation of Publ					1	00 00		
	Public support percentage for 2019 (I			column (f))		15	92.38 %		
	Public support percentage from 2018					16	92.11 %		
Sec	ction D. Computation of Inves						<u> </u>		
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	6.53 %		
18	Investment income percentage from 2	•				18	6.17 %		
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1			
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶ X		
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and		
	line 18 is not more than 33 1/3%, che	eck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐		
20	· · · · · · · · · · · · · · · · · · ·								

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
1			
2	2		
3			
	-		
31	b		
30	С		
4:	a		
41	b		
4	С		
5:	а		
3.	-		
51			
50	С		
6	i		
7	,		
8	3		
9:	а		
91	J		
90	С		
10	a		
n 000 o	b	00 E7	0040

Par	t IV	Supporting Organizations (continued)						
		(Common of the common of		Yes	No			
11	Has th	ne organization accepted a gift or contribution from any of the following persons?						
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)						
	below	, the governing body of a supported organization?	11a					
b	A fam	ily member of a person described in (a) above?	11b					
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c					
	ction B. Type I Supporting Organizations							
				Yes	No			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to						
		urly appoint or elect at least a majority of the organization's directors or trustees at all times during the						
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or						
	contro	olled the organization's activities. If the organization had more than one supported organization,						
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did th	e organization operate for the benefit of any supported organization other than the supported						
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in						
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,						
	super	vised, or controlled the supporting organization.	2					
Sec		C. Type II Supporting Organizations						
				Yes	No			
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control						
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed						
	the su	pported organization(s).	1					
Sec	tion [D. All Type III Supporting Organizations						
				Yes	No			
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how						
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a						
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's						
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	suppo	orted organizations played in this regard.	3					
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations						
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)						
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.						
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).				
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No			
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of						
	the su	ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those	supported organizations and explain how these activities directly furthered their exempt purposes,						
		he organization was responsive to those supported organizations, and how the organization determined						
		nese activities constituted substantially all of its activities.	2a					
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more						
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the						
		ns for the organization's position that its supported organization(s) would have engaged in these						
		ies but for the organization's involvement.	2b					
3		t of Supported Organizations. Answer (a) and (b) below.						
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or						
		es of each of the supported organizations? Provide details in Part VI.	3a					
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each						
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b					

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
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 t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

-*4566

Name of the organization Employer identification number

QUINCY SOCIETY OF FINE ARTS Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Name of organization Employer identification number

QUINCY SOCIETY OF FINE ARTS

-4566

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	THE MOORMAN FOUNDATION 201 SOUTH 5TH STREET QUINCY, IL 62301	\$ __	189000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION 4531 MAINE ST, SUITE A QUINCY, IL 62305	\$_	12000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	TRACY FAMILY FOUNDATION HIGHWAY 99 SOUTH, PO BOX 25 MT STERLING, IL 62353	\$ <u>-</u>	12000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	STILLWELL FOUNDATION 525 JERSEY QUINCY, IL 62301	\$ ₋	3100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	MARION GARDNER JACKSON TRUST 135 S LASALLE ST CHICAGO, IL 60603	\$_	15000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUINCY SOCIETY OF FINE ARTS

-4566

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

: III	Exclusively religious charitable etc. contribu	tions to organizations described in sec	**-**4566 ction 501(c)(7), (8), or (10) that total more than \$1,000 for
	from any one contributor. Complete columns (a	through (e) and the following line entry	For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)
o.			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
L			
		(e) Transfer of gift	
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to transferee
	Transferee 3 ffame, address, a	III ZIF T T	Helationship of transfer of to transfer ee
\bot			
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
+		., .	., .
•			
		(e) Transfer of gift	·
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
).	(b) Purpose of gift	(c) Use of gift	(d) Decoription of how wift is held
	(b) Furpose or gift	(c) use of gift	(d) Description of how gift is held
-			
-			
-		(e) Transfer of gift	
-		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
.	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held
-		and ZIP + 4	
-		and ZIP + 4	
-		and ZIP + 4	
		(c) Use of gift	
-		and ZIP + 4	
-	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
-		(c) Use of gift (e) Transfer of gift	
-	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

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 Open to Public Inspection

Name of the organization

QUINCY SOCIETY OF FINE ARTS

Employer identification number **-***4566

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to concernation as	samost is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	, mandling of violations, and emoroting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$	amig or molations, and emercing contentation	cacee aag a.e yea.
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	rt III Organizations Maintaining C	ollections of Ar			her Simila	r Asse	S/contin		ige Z
	Using the organization's acquisition, accession		-				29,00111111	ucu _j	
Ū	collection items (check all that apply):	ni, and other record	o, or look arry or tric	Tollowing that make	o oigimioant c	300 01 110			
а	X Public exhibition	d	I can or exc	change program					
b									
c	Preservation for future generations	ŭ							
4	Provide a description of the organization's co	llections and explain	how they further	the organization's e	remnt nurno	se in Parl	XIII		
5	During the year, did the organization solicit or					oc iii i aii	XIII.		
J	to be sold to raise funds rather than to be ma						Yes	X	No
Pai	rt IV Escrow and Custodial Arrang								110
	reported an amount on Form 990, Part		no ii tilo organizati	on anowered res	5111 01111 000,	i aitiv,			
1a	Is the organization an agent, trustee, custodia		iary for contribution	ns or other assets n	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a							-	
~	Too, oxplain the arrangement are the		nowing table.				Amount		
c	Beginning balance				1c		7 11110 4111		
	Additions during the year				·····				
f	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•]
	rt V Endowment Funds. Complete if								
	·	(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four	years	back
1a	Beginning of year balance	439412.	432103		+ ` '	86083.	(-)		211.
b	[
C	Net investment earnings, gains, and losses	4049.	10297	. 21800		29982.		- 3	619.
d	F								
е									
	and programs								
f	Administrative expenses	3925.	2988	. 2881		2881.		18	509.
g		439536.	439412	432103	. 4	13184.		386	083.
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a, column (a)) held as:	<u> </u>				
а		96.85	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b		%	7						
С		6							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered fo	r the organiza	ation			
	by:	· ·			· ·			Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on Schedule R?	?			3b	Ì	
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other (c)	Accumulated	d l	(d) Book	value	
		basis (investm	nent) basis	(other)	lepreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			23582.	2102	0.		25	62.
	Other								
	Add lines 1a through 1a (Column (d) must ed		V column (P) line	100)				25	62.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
	(b) Book value	(c) Method of Valuation: Cost	or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
` ' '	(-7	(0,	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· ·	
(7)			
(8)			
(8)			
` '			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D		11d. See Form 990, Part X, line 15.	
(9) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2)		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15	
(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		
(9) Patal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)	escription		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X)	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (B) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description		(b) Book value
(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule	D (Form 990) 2019	QUINCY	SOCIETY	OF.	F.TNE	ARTS	**-**4566	Page
Part X	I Reconciliation	of Revenue	per Audited	Fina	ncial St	atements	With Revenue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
								077

1	Total revenue, gains, and other support per audited financial statements			1	608723
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
	Net unrealized gains (losses) on investments	2a	7975.		
	Donated services and use of facilities	2b	232532.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	240507
3	Subtract line 2e from line 1			3	368216
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3925.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3925
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	372141

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	583201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	232532.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	232532.
3	Subtract line 2e from line 1			3	350669.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3925.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3925.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	354594.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE SOCIETY HAS A COLLECTION OF PHOTOGRAPHS ENTITLED "AN ARCHITECTURAL HERITAGE OF QUINCY AND ADAMS COUNTY". THIS COLLECTION CONSISTS OF 70 PHOTOGRAPHS TAKEN IN 1976 BY THE LATE LOPEZ AND MEDINA. THE COLLECTION HAS BEEN VALUED AT APPROXIMATELY \$52,500. THE COLLECTION HAS NOT BEEN CAPITALIZED BY THE SOCIETY. DURING THE YEAR ENDED JUNE 30, 2019, 22 OF THE PHOTOGRAPHS WERE DESTROYED BY WATER DAMAGE DECREASING THE VALUE OF THE COLLECTION TO APPROXIMATELY \$36,000.

PART V, LINE 4:

THE MERCANTILE ENDOWMENT ACCOUNT IS BOARD DESIGNATED TO ENSURE ADEQUATE FINANCING FOR FUTURE YEARS OF THE SOCIETY. THE COMMUNITY FOUNDATION

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization QUINCY SO	CIETY OF	FINE ARTS					Employer identification number $**-***4566$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	tance?						
Part II Grants and Other Assistance to					ganization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$	5,000. Part II ca	n be duplicated if addit	ional space is nee	ded.	4		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
QUINCY PUBLIC SCHOOLS 1416 MAINE ST QUINCY, IL 62301		PUBLIC SCHOOL	122245.	0.	COST OF SCULPTURE AND INSTALLATION		GRANT FUNDED SCULPTURES TO BE INSTALLED AT SEVEN QUINCY PUBLIC SCHOOL LOCATIONS
QUINCY NOTRE DAME HIGH SCHOOL 1400 S 11TH ST QUINCY, IL 62301		PRIVATE SCHOOL	17000.	0.	COST OF SCULPTURE AND INSTALLATION		GRANT FUNDED SCULPTURE TO BE INSTALLED AT QUINCY NOTRE DAME HIGH SCHOOL
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
				X					
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.				
			· · ·						

SCHEDULE 0

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number **-***4566 QUINCY SOCIETY OF FINE ARTS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MEMBER ORGANIZATION SERVICES TO PROVIDE COST EFFECTIVE SERVICES TO
NUMEROUS ART ORGANIZATIONS IN THE SURROUNDING AREA.
EXPENSES \$ 27627. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1729.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD MEMBERS ARE NOTIFIED THAT THE TAX RETURN IS AVAILABLE AT THE
SOCIETY'S OFFICE FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS, THE SOCIETY REVIEWS THE POLICY ON CONFLICTS OF INTEREST
WITH THE INCOMING BOARD.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION IS SUBJECT TO REVIEW AND APPROVAL BY THE PERSONNEL COMMITTEE
OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

	s, for which an extension request must be sent to the IR nis form, visit www.irs.gov/e-file-providers/e-file-for-chari			details on	the electronic		
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
•	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom		, , , , , , , , , , , , , , , , , , , ,	os, REMIC	s, and trusts		
Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification number						
print File by the	QUINCY SOCIETY OF FINE ARTS					4566	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 300 CIVIC CENTER PLAZA, NO		ctions.				
instructions.	City, town or post office, state, and ZIP code. For a for QUINCY, IL 62301	oreign add	dress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicati	ion	Return	Application			Return	
Is For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04		Form 5227 10			
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	05 06	Form 6069 Form 8870			11	
Teleph If the	THE ORGANIZATION cooks are in the care of ► 300 CIVIC CENTING none No. ► 217-222-3432 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur	Fax No. ▶nited States, check this box	f this is fo	r the whole gr	oup, check this	
the ▶	quest an automatic 6-month extension of time until organization named above. The extension is for the org or or Itax year beginning JUL 1 , 2019 ne tax year entered in line 1 is for less than 12 months, or Change in accounting period	anization's	s return for: and ending JUN 30, 2020	the exem	npt organizatio ·	on return for	
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.		,	3a	\$	0.	
	imated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa			3b	\$ 	0.	
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	If you are going to make an electronic funds withdrawal						
	or Privacy Act and Panerwork Reduction Act Notice	soo instr	uctions		Form 99	268 (Bay 1-2020)	

_HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)