# 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 20 2019, and ending C Name of organization B Check if applicable: D Employer identification number Address change 02-0520184 Guild of New Hampshire Woodworkers ■ Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return c/o James Forbes, Treasurer, 31 Mill Pond Road 207-439-9161 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Kittery, Maine 03904-1113 H Check ► ✓ if the organization is not GNHW.org required to attach Schedule B | Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: ✓ Corporation ☐ Association Trust Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 44,531 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. ✓ Contributions, gifts, grants, and similar amounts received . . . . . 3,531 2 Program service revenue including government fees and contracts 2 0 3 3 22,000 4 4 8 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses , . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0 Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 15,254 Less: direct expenses from gaming and fundraising events . . . 2,382 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 12,872 7a Gross sales of inventory, less returns and allowances . . . 7a C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . 7c 358 8 Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . . . . 1,139 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . 9 <u>39,9</u>08 10 Grants and similar amounts paid (list in Schedule O) 10 19,164 11 11 0 12 Salaries, other compensation, and employee benefits . . . . . . 12 0 13 Professional fees and other payments to independent contractors . . . 13 0 14 14 Q 15 15 11,637 16 16 17,348 17 Total expenses. Add lines 10 through 16. 17 48,150 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . 18 18 -8,242 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 63,908 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 20 20 -1,527 Net assets or fund balances at end of year. Combine lines 18 through 20 21 54,139

Par	t II	Balance Sheets (see the instructions f	•		5		
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	•	
22	Cael	h, savings, and investments		-	63,908	22	55,420
23		and buildings		· · · · · · · · · · · · · · · · · · ·		23	35,420
24		er assets (describe in Schedule O)				24	· 0
25		al assets			63,908		55,420
26		al liabilities (describe in Schedule O)				26	1,281
27		assets or fund balances (line 27 of column	(B) must agree with	ı line 21)	63,908		54,139
Par		Statement of Program Service Accom	<u> </u>				0.17.00
	-	Check if the organization used Schedule	•		•		Expenses
Vhat	is the	_	Education of woodw	•			quired for section (c)(3) and 501(c)(4)
Desc	rihe th	e organization's program service accomplis	shments for each o	f its three largest n	rogram services		anizations; optional for
as m	easure	ed by expenses. In a clear and concise m nefited, and other relevant information for ea	anner, describe the			oth	ers.)
28	Provid	ed grants to schools and MakerSpacees for th	e purchase of woodw	orking tools and sho	op equipment		
	for stu	dents and teacher training; and provide incent	ive awards to craft or	ganizations to prom	ote fine		
		vorking					
	(Grant		includes foreign gra		<u> ▶ ∐</u>	28	a 19,164
		le internet based communications, training vide					
		igs, used equipment availability to members ar	nd general education	of woodworking inte	rest to the		
		vide users of our database.					
	(Grant	·	includes foreign gra	· ·		29	a 8,111
		e "The Journal of the Guild of New Hampshire					
		ers of the best woodworking techniques and s	<del></del>	development of skill	s and		
		rage others to continue the traditional woodwo					
24	(Grant	program services (describe in Schedule O)	includes foreign gra		P 📋	30	a 11,637
31	(Grant	· = · · ·	includes foreign gra			31	
32	1	program service expenses (add lines 28a t			<del></del>	32	
Pari		List of Officers, Directors, Trustees, and Key					10,100
		Check if the organization used Schedule				iotit	
		oneon in the organization about contouring	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> ,</u>
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation		other compensation
David	Foote	, President				_	
13111			10	l c	,	o	0
₹obe	rt Wyal	tt, Vice President					<del></del>
			10	l	1	0	0
Jame	s Forb	es, Treasurer					
			15	į o	1	0	0
\lan	Saffror	n, Secretary					
			8	(		0	0
<b>Vich</b>	el S D	iMaggio, Past President					
			5	C		0	0
Steve	n Cost	ain, Director & Small Group Organizer				1	•
			10	C		0	0
Claud	le P Du	puis, Director					
		<del>.</del>	5	C		0	0
ony	Immor	lica, Director	_				
			8	0		0	0
Pet	er Jam	es, Director					
			5	<u>C</u>		0	0
lame	s Sero	skie, Director, Membership Chair, Webmaster	[				
			25	0	<u> </u>	0	0
lon S	iegel, l	Director					
			5	C		0	0
<u> Pr</u>	namar	ie Pennucci, Director	1				
			16	!	II.	n i	A

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	∨ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		·
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		165.	rats.
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	er og s	<b>√</b> 2018-3
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	ell) francê Vê	1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	Jan 1944	53%	ing N
39	Section 501(c)(7) organizations. Enter:			80
a	Initiation fees and capital contributions included on line 9	-9405,00		(merce)
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	77564		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		ar in saki Karawa ja	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	81,64655	✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	8.46		
	40c reimbursed by the organization		w releya da	rofferi Geografia
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	- Ay	<b>/</b>
41	List the states with which a copy of this return is filed ► New Hampshire			
42a		207-43		
b	Located at ► 31 Mill Pond Road, Kittery, Maine ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	03904	Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	<b>V</b>
	If "Yes," enter the name of the foreign country ▶	<b>5</b> /3/5		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			78/51/4 92/7/3 7/1/03
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, 1	<b>&gt;</b> 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	151,827 F	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
. с	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		./
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		jše 1.690
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		<u>/</u>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	451		

						germannen	Yes	No
	I the organization engage, directly or in							
	candidates for public office? If "Yes," of		, Part I			46	<u> </u>	✓
Part VI	Section 501(c)(3) Organizations							
	All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	complete th	e tables f	or lin	es
	50 and 51.							•
<del> </del>	Check if the organization used Sci	nedule O to respond	I to any question i	n this Part	<u>VI</u>			<u>.                                     </u>
							Yes	No
	I the organization engage in lobbying		section 501(h) elec	tion in effe	ct during the	tax		
yea	ar? If "Yes," complete Schedule C, Par	tll				. 47		✓
<b>48</b> Is th	he organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule	E	. 48		<b>√</b>
49a Did	I the organization make any transfers to	o an exempt non-cha	ritable related orga	inization? .		. 49a		
b If "\	Yes," was the related organization a se	ection 527 organizatio	on?			. 49b		
<b>50</b> Cor	O Complete this table for the organization's five highest compensated employees (other than officers, directors, tri					ors, truste	es, an	id key
em	ployees) who each received more than	\$100,000 of comper	nsation from the or	ganization.	If there is non	e, enter "N	lone."	,
		(b) Average	(c) Reportable		ealth benefits,	,		
(	(a) Name and title of each employee	hours per week	compensation	bonofit pl	ions to employee ans, and deferred	(e) Estimate other con		
		devoted to position	(Forms W-2/1099-MIS		npensation	dalei doll	рызы	ion
 None								
					*			
						 I		
							•	
w								
f Tot	al number of other employees paid ov	er \$100,000		<u></u>				
	mplete this table for the organization'			-	- tara wha agai	, rosoivod	more	thon
	00,000 of compensation from the orga			mi contrac	iors wile eaci	received	Hore	; man
(	(a) Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	) Compensati	ion	
None								
140116			-					
			1		ĺ			
					<u> </u>			
	***************************************		-		Į			
			-					
					-			
			-					
d Tot	al number of other independent control	atoro coch roccivina	over \$100,000			0		
	al number of other independent contra	_	•					
	I the organization complete Schedumpleted Schedule A	lie A? <b>Note:</b> All se		-	must attaci	. —		No
	·		<u> </u>			.► ✓ Yes		No
	ies of perjury, I declare that I have examined this and complete. Declaration of preparer (other than					nowledge and	ı bellet,	, It is
	1		See			13	<del></del>	
Sign	Signature of officer	us I Ta	/pcz_		<u> </u>	5/20	20	<del>,</del>
Here					Date			
Nere	James F Forbes, Treasurer Type or print name and title							
-	1 , 3, , ,	Preparer's signature		Date		ı PTIN		
Paid	Print/Type preparer's name	, ropard a signature		-Jai G	Check _	] if		
Prepare				1	self-emplo	yeu		
Use Onl					Firm's EIN ▶			
May the IE	Firm's address ► RS discuss this return with the prepare	shown above? See	instructions		Phone no.	▶ □ Ves	$\overline{}$	No.
IVICAY LITES IT	io mechae inie iciuiti willi liie diedalei	3110411 000401 366	6110110110			F     TES	a   1 '	NU

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

2019 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Guil	d of New Hampshire Woodworkers					02-05		
Pai	t Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The o	organization is not a private founda	tion because it i	s: (For lines 1 through	12, che	ck only or	ne box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hos							
4	A medical research organization	•	•				iii). Enter the	
•	hospital's name, city, and state		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
5	An organization operated for t		college or university	owned c	r operate	ed by a government	al unit described	i in
_	section 170(b)(1)(A)(iv). (Comp		conogo or armorany	ownod c	п ороган	od by d govornment	ar arm accomba	
•	☐ A federal, state, or local govern	· ·	montal unit describes	l in coeti	op 170/h)	(4)(A)(G)		
6 7	An organization that normally						the general pul	olio
•	described in section 170(b)(1)			port non	i a govei	rimental unit of itom	i the general pur	טווכ
_				D-4 II \				
8	A community trust described in							
9	An agricultural research organi							Э
	or university or a non-land-graiuniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the han	ne, city, and state of	the college or	
40	An organization that normally r		~~####################################	innort fr	See contil	6141ana mambarahi	- face and area	
10	receipts from activities related	to its exempt fu	nctions—subject to c	apport in ertain ex	ceptions.	and (2) no more tha	n 331/3% of its	,
	support from gross investment	income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses	
	acquired by the organization at		-		-	-		
11	An organization organized and		-	_				
12	☐ An organization organized and							
	of one or more publicly suppo							
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizati	on and complete line	s 12e, 12f, and 1	2g.
а								ıg
	the supported organization					he directors or trust	ees of the	
	supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B				
b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of t	the supporting o	rganization vested in	the same	persons	that control or man	age the supporte	<sub>t</sub> d
	organization(s). You must o	complete Part I	V, Sections A and C					
C	Type III functionally integrated	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and functions	ılly integrated wi	ιh,
	its supported organization(s	s) (see instructio	ns). <b>You must comp</b>	lete Part	IV, Secti	ons A, D, and E.		
d	☐ Type III non-functionally i	<b>ntegrated.</b> A su	pporting organization	operated	d in conn	ection with its suppo	rted organizatio	n(s)
	that is not functionally integ							
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.		
е	Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I. Type	ll. Type III	
	functionally integrated, or T	ype III non-fund	tionally integrated su	oporting	organizat	ion.		
f	Enter the number of supported of							
g		_	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of	
	,. ,		(described on lines 1-10		ur governing ment?	support (see	other support (see	3
			above (see instructions))	Oocu	mentr	instructions)	instructions)	
	,			Yes	No			
				<del>                                     </del>				_
(A)								
(B)								
-				·				—
(C)								
	<del></del>				1			—
(D)				1				
/E\				******				_
(E)								
T-4-	1	William William Arthur Street	AND THE PERSON OF THE PERSON OF CHIEF	10.00mm 68.00mm	MADWARK WITH			

Part II

	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</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 organization'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					2007	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	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 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First five years.</b> If the Form 990 is for the					12 ear as a section	n 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organi						
	box and stop here. The organization qua	-		-			
b	331/3% support test—2018. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta :umstances" te	ances" test, ch st. The organi	neck this box a zation qualifie	and <b>stop here.</b>	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization of the control of the c	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and <b>s</b> on qualifies as	top here. a publicly
18	Private foundation. If the organization di						_

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 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.)

Secti	on A. Public Support	u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, p.0000			
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(8) 2010	(0) 2011	(4) 2010	(0) 2010	(i) Total
•	received. (Do not include any "unusual grants.")	59162	35078	41420	35943	41160	212763
2	Gross receipts from admissions, merchandise	35102	33076	41420	33373	41100	212703
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		2262	4057	4554	2264	42427
3	Gross receipts from activities that are not an		2362	1857	4554	3364	12137
•	unrelated trade or business under section 513			ļ	ļ		
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf	l			}		
5	The value of services or facilities						
	furnished by a governmental unit to the	[					
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	59162	37440	43277	40497	44524	224900
7a	Amounts included on lines 1, 2, and 3	39 102	3/440	432.77	40497	44324	224300
	received from disqualified persons .	]					0
b	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from	r Krots er Charlet Skal its	S WENT OF	ia. Wasing	A6 7 GP 2 A A SECTOR	A SA SA GAZA	
•	line 6.)	4.5(2.5)		9.40/4.57		4.4.915 .779.3	224900
Secti	on B. Total Support			Market Mark Clarker - Dieff 920	etto i diskota krotovoji u kle A		224300
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	59162	37440	43277	40497	44524	224900
10a	Gross income from interest, dividends,						======
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	8	5	4	10	8	35
b	Unrelated business taxable income (less		·				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	8	5	4	10	8	35
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		ļ				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		ĺ				
	and 12.)	59170	37445		40507	44532	224935
14	First five years. If the Form 990 is for the	•	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he						<u>· · ▶                                 </u>
	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line		-			15	99.98 %
16	Public support percentage from 2018 Sc					16	99.98 %
	on D. Computation of Investment In		<del></del>		(0)		
17	Investment income percentage for 2019			•		17	0 %
18	Investment income percentage from 201					18	0 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box		_		-		_
b	331/3% support tests—2018. If the organization 18 is not more than 331/3% check this						
20	line 18 is not more than 331/3%, check this		' <del>-</del> '		•	· ·	_

#### 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

- 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?
- 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
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Part	IV Supporting Organizations (continued)	
_		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person 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
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
	•	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	3 5 F V 3
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
		1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on 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 trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
C1		1
Secu	on D. All Type III Supporting Organizations	N
4	Did the appropriation was ide to each of its assumented assumptions by the last day of the fifth was the fitter.	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'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	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2
•	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	
	supported organizations played in this regard.	3
Secti	on 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 year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	,
þ	☐ 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 instructions).
2	Activities Test, Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
-	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
~	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	; tru	st on Nov. 20, 1970 (explai	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		٠
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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		en e	
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		
<b>6 Distributable Amount.</b> 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-functional instructions).	y int	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
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)	(i) Excess Distributions	(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 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		g kanga dan dan dan dan dan dan da	
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	rate floor states and		
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u>	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			
<u>_</u>	Applied to 2019 distributable amount		E ==	
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 <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> 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	7.0		
đ	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number **Guild of New Hampshire Woodworkers** 02-0520184 990-EZ Part I Line 6b & 6c : Fund raising event - Annual Leage of NH Craftsmen's Sunapee Raffle of hand craft / art donations by members: Income \$15,254, Cost of raffle tickets, tent rental and signage \$2382. 990-EZ Part I Line 7a & 7b : Sale of Guild Logo items and Magazine Subscriptions : Income \$2599, Cost \$2241 990-EZ Part I Line 8 Other Revenue \$ 1139 from membership meetings - coffee donations and sale of donated items for General Fund 990-EZ Part I Line 10 - Grants: to eight NH Public Schools for woodworking tools \$14,730; to two Community MakerSpace \$1400; for Student Competition awards \$1069; for Craftmen incentive awards \$1965 . Total Grants = \$19,164. 990-EZ Part I Line 16 Other Expenses: Membership cards, mailings and paypal fees \$3926; Meeting venue costs \$2115; Internet development and process fees \$8111; Liability and D&O Insurance \$2300; Subgroup meeting expense \$798; Administration expense \$98. Total Other \$17,348 990-EZ Partill Line 31 see above expenses less Internet \$8111 = \$9238.