Form 990-T		Exempt Organization Bu and proxy tax ur)				I ax Retu	rn MM	OMB	No 1545-0687
	Force	ellendar year 2018 or other tax year beginning JUL 1				บท 30, 2	6190	2	N1 8
Department of the Treasu		Go to www.irs.gov/Form990T fo							0 10
Internal Revenue Service	'y >	Do not enter SSN numbers on this form as it n							ublic Inspection Organizations Or
A Check box if address cha		Name of organization (fication number st, see
B Exempt under sec	tion Print	ARTIS-NAPLES INC.							22926
X 501(d) 3.) or	Number, street, and room or suite no. If a P.O.	box, see i	nstructions				elated busin instruction	iess activity cod s)
408(e)2	20(e) Type	5833 PELICAN BAY BLVD					_		
=	30(a)	City or town, state or province, country, and ZIF NAPLES, FL 34108	or foreig	n postal code			453	3000	
529(a)	ls	NAPLES, FL 34108 F Group exemption number (See instructions.)	—				<u> </u>	3000	
 C Book value of all assert at end of year	21-8 0	-G-Check-organization-type-		n	1(c)-trust	-40	1(a) trust		
 		ation's unrelated trades or businesses.	3	·· <u> </u>		oe the only (or first			
		EE STATEMENT 1				e, complete Parts	,		e,
		ace at the end of the previous sentence, complete	Parts I ar						,
business, then con	•	· · · ·							
I During the tax year	r, was the corp	poration a subsidiary in an affiliated group or a pa	rent-subs	idiary controlle	d group?	· •	► 🗀 Y	/es 🔀	No
		tifying number of the parent corporation.							
		PERRE EDWARDS			<u>-</u>	hone number		<u>-597-</u>	
33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		de or Business Income	 -	(A) Inco	ome	(B) Expe	nses	1 1 1 1 1 1 1	(C) Net
1 a Gross receipts		167,985.	1.	1.67	005	The property of the property o			
b Less returns an		c Balance	► <u>1c</u>		985		남일 없는 독일 수 없는 말이 되었다. 기 대한 기 대한	a Call Cartha Carthal Car	Far to profit the half
2 Cost of goods s			2		209		الله الله الله الله الله الله الله الله	1 1 1 1 1 N	00 776
3 Gross profit. Su			3_	82	,776.			4.	82,776
4 a Capital gain net	•	•	4a				कें हैं। फेर्ड सर्वेड कर	, 51	·
		Part II, line 17) (attach Form 4797)	4b	ļ		4 4, (22 m/27 m	in" "Please The search has	<u> </u>	
c Capital loss dec			4c	1	102	The Company	girakturi,		1 102
	·•'	ship or an S corporation (attach statement)	5	<u> </u>	, 103 ₄	REC	ENE	.p	1,103
6 Rent income (S	•		6	l		11100	J) W	<u> </u>	}
		me (Schedule E)	7	 -		RI NOVE	\sim \sim	da Y	 -
	· -	and rents from a controlled organization (Schedule		<u></u>		IRI NOVE	20) 40	' 	2
		on 501(c)(7), (9), or (17) organization (Schedule					-	4000	
•	•	ome (Schedule I)	10			OGE	EN.	U1_	
11 Advertising income (3		e 0) ns; attach schedule)	12			The state of the state.	· 11 11 11 11 11 11 11 11 11 11 11 11 11		
13 Total. Combin			13	83	879		TREE TO LOSS OF CASE	*	83,879
		ot Taken Elsewhere (See instructions							03,073
		utions, deductions must be directly connect							
		rectors, and trustees (Schedule K)					14		6,094
15 Salaries and w		(2010) 21 21 21 20 10 20 10 11					15		47,096
16 Repairs and m	_						16		
17 Bad debts							17	7	
	n schedule) (s	ee instructions)					18		
19 Taxes and lice		,					19		2,382
20 Charitable con	tributions (Se	e instructions for limitation rules) STATEI	MENT	5 SEE	STA	TEMENT 3			(
21 Depreciation (attach Form 4	562)		L	21		44) 12 Te		
22 Less depreciat	ion claimed o	n Schedule A and elsewhere on return		[22a		22b		
23 Depletion							23	1	
24 Contrib <u>utions</u>	to deferred co	mpensation plans					24		
25 Employee ben	efit programs						25	<u> </u>	•
26 Excess exemp	t expenses (S	chedule I)					26		
27 Excess <u>re</u> aders	ship costs (Sc	hedule J)					27	 	
28 Other deduction	ns (attach scl	nedule)		SEE	STA	TEMENT 4	_28_	+	8,075
29 Total deductio	ns. Add lines	14 through 28					_29	 	63,647
30 Unrelated busi	ness taxable ı	ncome before net operating loss deduction. Subti					_30	_ vaji = 1 1	20,232
31 Deduction for	net operating	loss arising in tax years beginning on or after Jan	uary 1, 20)18 (see instrud	ctions)		31	(建学)。	
32 Unrelated busi	ness taxable ı	mpensation plans chedule I) thedule J) nedule) 14 through 28 ncome before net operating loss deduction. Subtitions arising in tax years beginning on or after Jan ncome. Subtract line 31 from line 30 rwork Reduction Act Notice, see instructions.					32	Ь	20,232
823701 01-09 B LH	A For Pape	rwork Reduction Act Notice, see instructions.	_					Form	990-T (20
			1						

Form 990-1	(2018) ARTIS-NAPLES INC.		<u>59-23</u>	22926	Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	structions)		33	20,232.
34	Amounts paid for disallowed fringes	,		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	nns) ST	MT 6	35	20,232.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		0	1 3	
30	•	OI .		20	
	lines 33 and 34			36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			1 (0
Dord I	enter the smaller of zero or line 36			38	0.
Part	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.
40	<u>Trusts Taxable at Trust Rates</u> . See instructions for tax computation. Income tax on the amount on I	ine 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		- >	40	
41	Proxy tax. See instructions		>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \			-		
-		5a			
b		15b		1	
•	` <i>'</i>	5c		7	
ا ا		5d		1	
	• • • • • • • • • • • • • • • • • • • •	30]		d	
-	Total credits. Add lines 45a through 45d			45e	0.
46	Subtract line 45e from line 44	ou		46	<u> </u>
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Uther (ittach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1		49	0.
50 a	Payments A 2017 overpayment credited to 2018	0a		_	
b	2018 estimated tax payments	0b	5,000	.	
C	Tax deposited with Form 8868	i0c		」 │	
d	Foreign organizations Tax paid or withheld at source (see instructions)	0d		」 │	
e	Backup withholding (see instructions) 5	0e		_	
f	Credit for small employer health insurance premiums (attach Form 8941)	501			
g	Other credits, adjustments, and payments Form 2439			7	
·		0g L			
51	Total payments. Add lines 50a through 50g			51	5,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	5,000.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	nn l Ref	unded 🕨	55	0.
Part V			tions)	1 00 1	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or c				Yes No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		•		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	sign country			- -
	here >				$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	teror to, a tore	eign trust?		
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year			6. 10.1	44
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has		est of my knowle	auge and beli	ei, il IS True,
Here	111 1 200 1		[]	lay the IRS d	scuss this return with
11016	11.4.20 CEO				nown below (see
	Signature of officer Date Title		"	nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date		Check	if PTIN	
Paid	KEVIN P. CAIRNS, KEVIN P. CAIRNS,		self- employed		
Prepa		01/19			0227652
Use C	nly Firm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN	41	-0746479
	4501 TAMIAMI TRAIL NORTH, SUITE	200			
	Firm's address ► NAPLES, FL 34103-3548		Phone no.		62-8686
823711 01-					Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	luation > N/A				
1 Inventory at beginning of year	1	0.	6	inventory at end of yea	ır		6	0.
2 Purchases	2	85,209.	7	Cost of goods sold. Si	ubtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here				
4 a Additional section 263A costs		· · · · · · · · · · · · · · · · · · ·	7	line 2		•	7	85,209.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b	···	1	property produced or a				
_5 Total. Add lines 1 through 4b	5	85,209.		the organization?		The course of th		X
Schedule C - Rent Income (Property and	Pers	onal Property L	.ease	d With Real Prop	ertv	
(see instructions)						•	•	'
1 Description of property	-							
(2)							_	
(3)								
(4)							_	
	2. Rent receiv	ed or accrued		-		T		
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of	(b) From real ar of rent for pe	ersonal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	/ connec nd 2(b) (cted with the income in (attach schedule)
(1)								
(2)								
_(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb		Income (see)	nstruc	tions)	<u> </u>	Parts, time o, colonin (b)		
		(300)		Gross income from	l .	3. Deductions directly conto debt-finance		
1 Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
_(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
_(3)						 .	\top	
_(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property o schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
_(1)				%				
(2)				%				
(3)				%				
_(4)				%	_	· · · · · · · · · · · · · · · · · · ·		
-```	<u></u>		·			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (8)
Totals				•		0		0.
Total dividends-received deductions in	cluded in column	18		•		b	-	0.
							_	Form 990-T (2018)

Schedule F - Interest,	Annuities	s, Royalti	es, and Ren	s From Co	ntrolle	d Organiza	itions	(see ins	truction	s)
			Exemp	t Controlled C	rganızatı	ons				
1. Name of controlled organizal	tion	2. Empli identifica numbi	ition (loss) (unrelated income see instructions)	4. Tot payr	tal of specified ments made	include	t of column 4 t ad in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(4)					<u> </u>		-			
(1)							 		 -	
(2)					 		-			
(3)					ļ		 	· · · · · · · · · · · · · · · · · · ·		
(4) Nonexempt Controlled Organi		 .								
7 Taxable Income	1	nrelated income	((aaa) 0 Ta	tal of specified pay	monto	10. Part of colu	O that	io in altitudo d	11 0-	ductions directly connected
7. Taxable Income		ee instructions)	(loss) 9. 10	made	ments	in the controll	ng organ s income	ization's	with	income in column 10
(1)					-					
(2)				·					•	· · · · · · · · · · · · · · · · · · ·
(3)									-	·
(4)									,	
V/	·					Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme	nt Incom	ne of a Se	ection 501/c)	(7) (9) or (17) Ora	nanization		<u> </u>		
(see insti				(<i>r</i>), (a), or (3. Deduction				5. Total deductions
	ription of incor	ne .		2. Amount of	income	directly conne (attach sched	cted	4. Set-a (attach sa		and set-asides (col 3 plus col 4)
(1)			 .							ļ
(2)	···			<u> </u>						-
(3)						· · · · · · · · · · · · · · · · · · ·				
(4)			 	<u> </u>		V C 20mm (1)	<u> </u>	Graph to 1		
Totals	,	•	,	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	=	Activity I	ncome, Othe	er Than Adv		g Income	<u> </u>	10-22 <u>21 1</u>		
Description of exploited activity	2. Gi unrelated l income trade or b	business from	3. Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributs colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									•	<u> </u>
(2)										
(3)						-	1			
(4)							7			
Totals -	Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)			A STATE OF THE STA				Enter here and on page 1, Part II, line 26
Schedule J - Advertising	na Incom		structions)	•		, 'may y pro,''-''	ωp LF1,		ura is	<u>-1 </u>
Part I Income From I				nsolidated	Basis					
				- I						·
1. Name of periodical		2. Gross advertising income	3. Direct advertising cos	or (loss) (c col 3) If a g cols 5 th		5. Circulat		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1	File of France Commencer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I			
(2)										
(3)						. "I				
(4)						š:	I			
Totals (carry to Part II, line (5))	•	0	•	0.						0.
										Form 990-T (2018)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Na	me of periodi	cal	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>			
(2)								
(3)								
(4)								
Totals from Part I	i	•	0.	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
_Totals,_Part_II_(lin	nes_1 <u>-</u> 5).		0	0	Final State of the		الم الله المستشومان	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1) KATHLEEN VAN BERGEN	CEO	5.00%	2,631.
(2) PERRE EDWARDS	CFO & TREASURER	13.00%	3,463.
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	6,094.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THE ORGANIZATION'S THREE PRIMARY UNRELATED BUSINESS ACTIVITIES ARE: GENERATING ADVERTISING INCOME FROM THE PROGRAM GUIDES FOR ARTIS-NAPLES PUBLISHED EACH SEASON; RENTAL INCOME DERIVED FROM THE USE OF FACILITIES BY VARIIOUS INDIVIDUALS AND ORGANIZATIONS FOR UNRELATED USE; AND A MUSEUM STORE WHICH SELLS ITEMS SUCH AS CATALOGS, JEWELRY, GAMES AND TOYS.

TO	FORM	990-T.	PAGE 1	1

	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
K-1'S - ORDINARY BUSIN	NESS INCOME (LOSS)	1,103.
TOTAL INCLUDED ON FORM	1 990-T, PAGE 1, LINE 5	1,103.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PR	ROPERTY METHOD USED TO DETERMINE FMV	TUOMA
CASH ONLY	N/A	34,000.
		24.000
TOTAL TO FORM 990-T, F	AGE 1, LINE 20	34,000.
TOTAL TO FORM 990-T, F	OTHER DEDUCTIONS	STATEMENT 4
FORM 990-T		
		STATEMENT 4

FORM 990-T	CONTRIBUTIONS SUMMARY	SI	PATEMENT 5
QUALIFIED CONTRIBUTION	ONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR Y FOR TAX YEAR 2013 FOR TAX YEAR 2014	EARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	16,176 23,000 24,322		
TOTAL CARRYOVER TOTAL CURRENT YEAR 1	0% CONTRIBUTIONS	63,498	
TOTAL CONTRIBUTIONS .		97,498 0	
EXCESS 10% CONTRIBUTE EXCESS 100% CONTRIBUTE TOTAL EXCESS CONTRIBUTE TO TALL E	TIONS	97,498 0 97,498	
ALLOWABLE CONTRIBUTION	ONS DEDUCTION		0
TOTAL CONTRIBUTION D	EDUCTION		0

FORM 990-T	, NE	OPERATING LOSS I	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	37,275.	37,275.	0.	0.
06/30/15	16,200.	16,200.	0.	0.
06/30/17	149,231.	54,349.	94,882.	94,882.
NOL CARRYOV	VER AVAILABLE THIS	S YEAR	94,882.	94,882.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

OMB No 1545-0687

194,343.

ENTITY

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for (3). (501(c)(3) Organizations Only."

Name of the organization Employer identification number ARTIS-NAPLES INC. 59-2322926 541800 Unrelated business activity code (see instructions) INCOME FROM PROGRAM GUIDES Describe the unrelated trade or business ADVERTISING Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales _b_ Less returns and allowances___ c.-Balance-▶ Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 Print Carling And March 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 410,973. 216,630. 194,343. Advertising income (Schedule J) 11

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

12

410,973.

216,630.

14	Compensation of officers, directors, and trustees (Schedule K)	14	21,576.
15	Salaries and wages	15	32,000.
16	Repairs and maintenance	16	1
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	7.41	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	171,763.
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	225,339.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-30,996.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	**************************************	
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-30,996.
LHA	For Paperwork Reduction Act Notice, see Instructions.	Schedu	le M (Form 990-T) 2018

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Enter here and on page 1, Part II, line 27

171,763.

ARTIS-NAPLES INC.

Schedule J - Advertising Income (see instructions)

Enter here and on page 1, Part I, line 11, col (A)

410,973.

Enter here and on page 1, Part I, line 11, col (B)

216,630

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)						
Totals (carry to Part II, line (5)) Part II* Income From Perio columns 2 through 7 on a			ate_Basis(For-eac	ch-periodical-liste	ed-in-Part-II;-fill-in	0.
Part II Income From Perio	dicals Report	ed_on_a_Separ	4, Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
Part II Income From Perio columns 2 through 7 on a	dicals Reported Inne-by-line basis (2. Gross advertising)	ed_on_a_Separ	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute	5. Circulation	6. Readership	7. Excess readership costs (column 6 minus column 5, but not more
Part II Income From Period columns 2 through 7 on a second	dicals Reporto a line-by-line basis) 2. Gross advertising income	3. Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)
Part II Income From Period columns 2 through 7 on a second col	dicals Reporto a line-by-line basis) 2. Gross advertising income	3. Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)
Part II Income From Period columns 2 through 7 on a second	dicals Reporto a line-by-line basis) 2. Gross advertising income	3. Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)

Totals, Part II (lines 1-5)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

OMB No 1545-0687

ENTITY

Employer identification number

59-2322926

Department of the Treasury Internal Revenue Service (99)

Name of the organization

ARTIS-NAPLES INC.

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

*Open to Public Inspection for 1.550 (c)(3) Orgenizations Only.

	Unrelated business activity code (see instructions) 90009						
	Describe the unrelated trade or business HALL RENT	AL	····	-			
Pa	rt⊪∄ Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1 a	Gross receipts or sales 91,593.			Company of the property of the	J. 1.		4
b	Less returns and allowances c Balance	- 1c-	9 1,593.		4.4	1 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Cost of goods sold (Schedule A, line 7)	2				"你是我们,我要你不是你你不是	" !!!
3	Gross profit Subtract line 2 from line 1c	3	91,593.	Entraction of the control of the con	10 1 15 10 10 10 10	91,593	
4 a	Capital gain net income (attach Schedule D)	4a			duly.		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		2, - 1	, 111, 15 11, 14		
c	Capital loss deduction for trusts	4c		to trail and after the first	hamprigat ne a mare		
5	Income (loss) from a partnership or an S corporation (attach				1 45% 4 5 1 1 1 1 1 1 1		
	statement)	5					
6	Rent income (Schedule C)	6		_			
7	Unrelated debt-financed income (Schedule E)	7		<u> </u>			_
8	Interest, annuities, royalties, and rents from a controlled	1 1		1			
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9				<u> </u>	
10	Exploited exempt activity income (Schedule I)	10		_			
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		156.41.41.4	igξt.		
13_	Total. Combine lines 3 through 12	13	91,593.			91,593	_
_	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the					<u> </u>	
14	Compensation of officers, directors, and trustees (Schedule K)			}	14	18,651	
15	Salaries and wages			-	15	92,105	•
16	Repairs and maintenance			-	16		
17	Bad debts			J.	17	<u></u>	
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses			1_	19	6,069	•
20	Charitable contributions (See instructions for limitation rules)			}-	20		
21	Depreciation (attach Form 4562)		21	<u></u>			
. 22	Less depreciation claimed on Schedule A and elsewhere on return	Ì	22a		22b	<u> </u>	_
23	Depletion			Ţ	23		
24	Contributions to deferred compensation plans				24	1	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

26

27

28

29

30

21,919.

56,043.

194,787.

-103,194.

-103,194.

instructions)

25

27

28

29

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

SEE STATEMENT 7

Form 990-T (2018) ARTIS-NAP	LES INC.				59-232	2926	Page
Schedule A - Cost of Good	s Sold. Fnter	method of inve	ntory valuation N/A	<u> </u>		<u> </u>	
1 Inventory at beginning of year	11		6 Inventory at end of ye			6	
2 Purchases	2		7 Cost of goods sold. S		ine 6		
3 Cost of labor	3		from line 5. Enter here				
4 a Additional section 263A costs			line 2	, aa	,	7	
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or		•		
5 Total. Add lines 1 through 4b	5		the organization?	acquireu	i toi resale, apply to		-x
Schedule C - Rent Income		Property and		ease	d With Real Prop	ertv)	
(see instructions)							
, Description of property							
(1)							
(2)	*						
(3)	~						
(4)							
	2. Rent receiv	ed or accrued			T		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percents personal property exceeds 50% or if int is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	y connected with t nd 2(b) (attach sci	the income in hedule)
(1)			······································				
(2)							
(3)							
(4)			 				
Total	0.	Total		0.			
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	., .,	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see	: instructions)				
			2. Gross income from		3. Deductions directly cor to debt-finan		ocable
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth (attac	ner deductions ch schedule)
(1)				†			
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deductions 5 x total of columns (a) and 3(b))
(1)			%			<u> </u>	
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7, column (B)
Totals			•	.	0	.1	0.

0.

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
COPIER EXPENSE		35.
CREDIT CARD FEES		2,536.
DUES & SUBSCRIPTIONS		333.
OUTSIDE SERVICES		48,339.
POSTAGE		1.
PRODUCTION COSTS		973.
RECRUITING		125.
SOFTWARE SUPPORT	and the second s	1,161.
SUPPLIES		2,080.
TELEPHONE		313.
TRAVEL & TRAINING		147.
TOTAL TO SCHEDULE M, PART II	, LINE 28	56,043.

096-1721