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CLIENT'S COPY

LARSONALLEN LLP  
4099 TAMiami TRAIL N., STE. 300  
NAPLES, FL 34103

NAPLES ART ASSOCIATION, INC.  
585 PARK ST  
NAPLES, FL 34102

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

LARSONALLEN LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
SEPTEMBER 30, 2010

<b>Prepared for</b>	NAPLES ART ASSOCIATION, INC. 585 PARK ST NAPLES, FL 34102
<b>Prepared by</b>	LARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	AUGUST 15, 2011
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning JUL 1, 2010 and ending SEP 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> NAPLES ART ASSOCIATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 585 PARK ST City or town, state or country, and ZIP + 4 NAPLES, FL 34102	<b>D Employer identification number</b> 59-1022882
		<b>F Name and address of principal officer:</b> DR. FRANK NAPPO SAME AS C ABOVE	<b>E Telephone number</b> 239-262-6517
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G Gross receipts \$</b> 204,286.
		<b>J Website:</b> ▶	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1954 <b>M State of legal domicile:</b> FL

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>THE NAPLES ART ASSOCIATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROMOTE AND ADVANCE</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	195.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 737,656.
9 Program service revenue (Part VIII, line 2g)		712,360.	87,825.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,340.	5.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,273.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,491,629.	183,781.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	646,336.	86,882.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	69,143.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,159.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	704,367.	248,767.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,419,846.	335,649.	
19 Revenue less expenses. Subtract line 18 from line 12	71,783.	<151,868.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,114,496.	End of Year 4,919,951.
	21 Total liabilities (Part X, line 26)	471,629.	428,952.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,642,867.	4,490,999.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer		Date	
	DR. FRANK NAPPO, PRESIDENT			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ AMELIA COOPER CPA	Date 08/12/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103		EIN ▶	Phone no. ▶ 239-262-8686

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO PROMOTE AND ADVANCE EDUCATION, INTEREST AND PARTICIPATION IN THE CONTEMPORAY VISUAL ARTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 199,446. including grants of \$ ) (Revenue \$ 77,397.) EDUCATIONAL PROGRAMS: THE NAPLES ART ASSOCIATION AT THE VON LIEBIG ART CENTER OFFERS BEGINNING, INTERMEDIATE AND ADVANCED STUDIO CLASSES FOR ADULTS AND YOUTH IN TRADITIONAL DISCIPLINES SUCH AS PAINTING, DRAWING AND CLAY. WE ALSO OFFER 3-5 DAY WORKSHOPS FROM NATIONALLY-RECOGNIZED MASTER ARTIST IN A VARIETY OF DIFFERENT MEDIUMS. EACH SUMMER WE HOST OVER 1,000 CHILDREN BETWEEN THE AGES OF 5-13 FOR OUR SUMMER ARTSCHOOL EDUCATION PROGRAM. CERTIFIED OR MASTER ART INSTRUCTORS PROVIDE CHILDREN THE OPPORTUNITY TO LEARN TECHNIQUE AND STYLE IN A FUN AND EDUCATIONAL MANNER.

4b (Code: ) (Expenses \$ 85,477. including grants of \$ ) (Revenue \$ 10,233.) EXHIBITIONS: THE ART CENTER PRESENTS AN ANNUAL SCHEDULE OF CHANGING CONTEMPORARY ART EXHIBITIONS FEATURING EMERGING AND ESTABLISHED ARTIST THROUGHOUT OUR GALLERIES, WITH MOST WORKS AVAILABLE FOR PURCHASE BY THE PUBLIC. HIGHLIGHTS FROM THIS SEASON INCLUDED PRINCESS DIANA: DRESSES OF INSPIRATION, THIS EXHIBITION FEATURED 20 OF PRINCESS DIANA'S DRESSES AND HIGHLIGHTED HER PHILANTHROPIC SPIRIT. KEEPING IN THIS SPIRIT, THE NAA DONATED PART OF THE PROCEEDS FROM THIS EXHIBITION TO TWO AREAS BREAST CANCER NON-PROFITS. OTHER EXHIBITIONS INCLUDED CLYDE BUTCHER: FROM HIS COLLECTION TO YOURS, 2ND ANNUAL NAPLES COLLECTS AND OUR MEMBER SHOW OF SHOWS. THE NAA PROMOTES OVER 400 ARTIST MEMBERS THROUGH ITS MONTHLY JURIED MEMBERS' GALLERY EXHIBITIONS AND OTHER MEMBERS' EXHIBITIONS. THE ART CENTER'S JADE RIEDEL SCHOLARSHIP COMPETITION FOR

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 284,923.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 65		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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>2a</b> 10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **FL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AIMEE SCHLEHR - 239-262-6517**  
**585 PARK ST, NAPLES, FL 34102**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK NAPPO PRESIDENT	4.00	X		X				0.	0.	0.
LOU VLASHO DIRECTOR	4.00	X						0.	0.	0.
RICHARD STEVENS FIRST VICE PRESIDENT	4.00	X		X				0.	0.	0.
ROBERT SALTARELLI DIRECTOR	4.00	X						0.	0.	0.
LAURENCE HULBERT TREASURER	4.00	X		X				0.	0.	0.
STACEY BULLOCH CORRESPONDING SECRETARY	4.00	X		X				0.	0.	0.
MICHAEL FERNANDEZ DIRECTOR	4.00	X						0.	0.	0.
MARY TANNER HACKNEY DIRECTOR	4.00	X						0.	0.	0.
ELLIN GOETZ DIRECTOR	4.00	X						0.	0.	0.
GARY PRICE CITY COUNCIL REPRESENTATIV	4.00	X						0.	0.	0.
ED WOLLMAN SECOND VICE PRESIDENT	4.00	X		X				0.	0.	0.
EMILY K. BUA DIRECTOR	4.00	X						0.	0.	0.
REG BUXTON DIRECTOR	4.00	X						0.	0.	0.
JEFF CECIL PORTER DIRECTOR	4.00	X						0.	0.	0.
MARTIN DE ST. PIERRE DIRECTOR	4.00	X						0.	0.	0.
VOJKAN DIMITRIJEVIC DIRECTOR	4.00	X						0.	0.	0.
TONY MARINO DIRECTOR	4.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY HUSHON DIRECTOR	4.00	X						0.	0.	0.
FRANK C. RUSSEN DIRECTOR	4.00	X						0.	0.	0.
JENNIFER SCHELL DIRECTOR	4.00	X						0.	0.	0.
SHARON TREISER DIRECTOR	4.00	X						0.	0.	0.
JOEL KESSLER EXECUTIVE DIRECTOR	40.00	X		X	X	X		105,000.	0.	9,450.
AIMEE SCHLEHR CFO	40.00			X	X			52,000.	0.	0.
<b>1b Total</b>								157,000.	0.	9,450.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	23,133.				
	c	Fundraising events	1c	6,200.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	49,139.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,479.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		95,951.				
	Program Service Revenue	2 a	ART EDUCATION	Business Code 611600	74,908.	74,908.		
b		ART EXHIBITIONS	900099	10,233.	10,233.			
c		GIFT SHOP	453220	2,489.	2,489.			
d		ADVERTISING	541800	195.		195.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		87,825.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5.			5.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real				
				(ii) Personal				
		Gross Rents						
		Less: rental expenses						
	Rental income or (loss)							
	Net rental income or (loss)							
	7 a			(i) Securities				
				(ii) Other				
		Gross amount from sales of assets other than inventory						
		Less: cost or other basis and sales expenses						
	Gain or (loss)							
Net gain or (loss)								
8 a	Gross income from fundraising events (not including \$ 6,200. of contributions reported on line 1c). See Part IV, line 18		a	20,505.				
	Less: direct expenses		b	20,505.				
	Net income or (loss) from fundraising events			0.				
9 a	Gross income from gaming activities. See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a					
	Less: cost of goods sold		b					
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			183,781.	87,630.	195.	5.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	80,665.	64,532.	10,486.	5,647.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....	6,217.	4,974.	808.	435.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	6,120.		6,120.	
12 Advertising and promotion .....	3,219.	2,736.	97.	386.
13 Office expenses .....	5,251.	3,938.	1,208.	105.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	12,308.	10,216.	1,477.	615.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	31,358.	26,027.	3,763.	1,568.
23 Insurance .....	4,736.	3,789.	710.	237.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>OTHER PROGRAM</b> .....	66,000.	52,800.	9,900.	3,300.
b <b>PROGRAM EXPENSE</b> .....	62,816.	62,816.		
c <b>ARTISTIC FEES</b> .....	40,639.	40,639.		
d <b>MAINTENANCE AND REPAIRS</b> .....	5,042.	4,034.	756.	252.
e <b>COST OF GOODS SOLD</b> .....	4,637.	4,637.		
f All other expenses .....	6,641.	3,785.	2,242.	614.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	335,649.	284,923.	37,567.	13,159.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	534,788.	<b>1</b>	321,641.	
	<b>2</b> Savings and temporary cash investments .....	351,633.	<b>2</b>	351,633.	
	<b>3</b> Pledges and grants receivable, net .....	6,538.	<b>3</b>	6,538.	
	<b>4</b> Accounts receivable, net .....	62,702.	<b>4</b>	113,341.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>
	<b>8</b> Inventories for sale or use .....	23,595.	<b>8</b>	23,161.	
	<b>9</b> Prepaid expenses and deferred charges .....	13,799.	<b>9</b>	14,801.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,283,735.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,459,698.	2,855,395.	<b>10c</b>	2,824,037.
	<b>11</b> Investments - publicly traded securities .....				<b>11</b>
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	361,603.	<b>12</b>	361,603.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				<b>13</b>
	<b>14</b> Intangible assets .....				<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11 .....	904,443.	<b>15</b>	903,196.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,114,496.	<b>16</b>	4,919,951.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,441.	<b>17</b>	31,908.	
	<b>18</b> Grants payable .....				<b>18</b>
	<b>19</b> Deferred revenue .....	141,188.	<b>19</b>	146,797.	
	<b>20</b> Tax-exempt bond liabilities .....				<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....				<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	249,000.	<b>24</b>	249,000.	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	0.	<b>25</b>	1,247.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	471,629.	<b>26</b>	428,952.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,505,236.	<b>27</b>	2,353,368.	
	<b>28</b> Temporarily restricted net assets .....	1,252,460.	<b>28</b>	1,252,460.	
	<b>29</b> Permanently restricted net assets .....	885,171.	<b>29</b>	885,171.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....				<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				<b>32</b>
	<b>33</b> Total net assets or fund balances .....	4,642,867.	<b>33</b>	4,490,999.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,114,496.	<b>34</b>	4,919,951.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **NAPLES ART ASSOCIATION, INC.** Employer identification number **59-1022882**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 ..... **15** %

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

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

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

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	723,283.	680,006.	849,821.	770,477.	737,656.	3,761,243.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	333,687.	395,477.	292,325.	232,745.	712,360.	1,966,594.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,056,970.	1,075,483.	1,142,146.	1,003,222.	1,450,016.	5,727,837.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	144,000.	111,004.	95,592.	115,000.	69,646.	535,242.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b	144,000.	111,004.	95,592.	115,000.	69,646.	535,242.
<b>8 Public support</b> (Subtract line 7c from line 6.)						5,192,595.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,056,970.	1,075,483.	1,142,146.	1,003,222.	1,450,016.	5,727,837.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,356.	50,141.	53,386.	57,584.	35,340.	243,807.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	47,356.	50,141.	53,386.	57,584.	35,340.	243,807.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,253.	6,356.	26,278.	10,249.	6,273.	75,409.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	1,130,579.	1,131,980.	1,221,810.	1,071,055.	1,491,629.	6,047,053.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	85.87 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	86.17 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	4.03 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	4.07 %

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

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

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	885,171.	885,171.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	885,171.	885,171.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,724,813.	1,175,056.	2,549,757.
c Leasehold improvements		244,504.	25,025.	219,479.
d Equipment		314,418.	259,617.	54,801.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,824,037.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 4: COLLECTION INCLUDES VARIOUS WORKS OF ART FROM ARTISTS**

INCLUDING PAINTINGS, WATERCOLORS, SCULPTURES, AND READING MATERIALS. THESE WORKS ARE PRESENTED TO THE PUBLIC DURING VARIOUS EXHIBITIONS AND EVENTS AND SERVE TO FURTHER THE ORGANIZATION'S MISSION OF PROMOTING AND ADVANCING EDUCATION, INTEREST, AND PARTICIPATION IN THE VISUAL ARTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FESTIVAL OF THE ARTS		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	26,705.			26,705.
	<b>2</b> Less: Charitable contributions .....	6,200.			6,200.
	<b>3</b> Gross income (line 1 minus line 2) .....	20,505.			20,505.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	20,505.			20,505.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 20,505 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	<b>12</b>	



**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, INTEREST, AND PARTICIPATION IN THE VISUAL ARTS OF COLLIER  
COUNTY COMMUNITY THROUGH ART CLASSES, WORKSHOPS, AND LECTURES AS WELL  
AS ART EXHIBITIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGH SCHOOL JUNIOR AND SENIORS' AWARDS SIX \$500.00 SCHOLARSHIPS AND  
PROVIDES A JURIED EXHIBITION OF SUBMITTED WORKS. IN ADDITION THE ART  
CENTER PROVIDES OFF-SITE EXHIBITIONS IN CONJUNCTION WITH PHYSICIANS  
REGIONAL MEDICAL CENTER AS PART OF THE HOSPITAL'S ARTS IN HEALING  
PROGRAM AND CITY MATTRESS. EACH YEAR, THE CENTER PRESENTS A FOUR MONTH  
EXHIBITION BY ARTSCOOL STUDENTS AT NAPLES CITY HALL. OVERALL, OUR  
EXHIBITIONS WERE VIEWED BY MORE THAN 60,000 PEOPLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL EVENTS: ORGANIZATIONAL GOALS INCLUDED CREATING COLLECTING  
OPPORTUNITIES FOR ART PATRONS AND COLLECTORS, THIS WAS ACCOMPLISHED  
WITH CLYDE BUTCHERS: FROM HIS COLLECTION TO YOURS. THE NAA HOSTED  
GODDESS NIGHT, CREATED TO CELEBRATE WOMEN'S CONTRIBUTIONS TO SOCIETY  
AND A GALA EVENT TO CELEBRATING THE LEGACY OF PRINCESS DIANA'S  
PHILANTHROPIC SPIRIT. THE NAA ALSO CREATED A LECTURE SERIES TO  
COMPLIMENT THE EDUCATIONAL ASPECT OF THE ORGANIZATION AS WELL AS  
PROVIDE A VENUE FOR A VARIETY TO ART RELATED TOPICS TO BE DISCUSSED.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE (A SUB COMMITTEE  
OF THE FINANCE COMMITTEE) WILL REVIEW THE 990 VIA EMAIL TRANSMISSION TO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

NAPLES ART ASSOCIATION, INC.

Employer identification number

59-1022882

EACH COMMITTEE MEMBER WITHIN 90 DAYS OF RECEIVING FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS NO WRITTEN MONITORING OF  
POSSIBLE CONFLICT, BUT ANNUALLY THE BOARD CHAIR REMINDS EACH MEMBER OF  
THEIR FIDUCIARY RESPONSIBILITIES.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF THE  
BOARD OF DIRECTORS WILL REVIEW TOP MANAGEMENT'S COMPENSATION FOR  
APPROPRIATENESS ON AN ANNUAL BASIS. THE LAST REVIEW WAS PERFORMED JUNE 30,  
2010.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE MADE AVAILABLE TO  
THE PUBLIC THROUGH HARD COPIES AVAILABLE UPON REQUEST, OR VIA THE  
ORGANIZATION'S WEBSITE.

2009 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAPTOP COMPUTER	07/03/04	SL	3.00		HY16	1,763.				1,763.	1,763.		0.	1,763.
2	LIBRARY FURNITURE	11/06/00	SL	7.00		HY16	762.				762.	762.		0.	762.
3	FURNITURE AND FIXTURES	05/31/01	SL	7.00		HY16	3,565.				3,565.	3,565.		0.	3,565.
4	NEW PHONE/VOICE MAIL	06/30/03	SL	5.00		HY16	7,714.				7,714.	7,714.		0.	7,714.
5	KILN	07/25/01	SL	7.00		HY16	2,337.				2,337.	2,337.		0.	2,337.
6	RAISER'S EDGE SOFTWARE	08/09/01	SL	7.00		HY16	37,474.				37,474.	37,474.		0.	37,474.
7	OFFICE IMPROVEMENT	12/31/01	SL	7.00		HY16	20,000.				20,000.	18,839.		0.	18,839.
8	DIGITAL CAMERA	01/06/06	SL	3.00		HY16	900.				900.	900.		0.	900.
9	BACKUP TAPE DRIVE FOR SERVER	06/06/06	SL	3.00		HY16	1,158.				1,158.	1,158.		0.	1,158.
10	DELL COMPUTERS	07/01/06	SL	3.00		HY16	4,189.				4,189.	4,189.		0.	4,189.
11	LAP TOP COMPUERT	11/01/06	SL	3.00		HY16	917.				917.	917.		0.	917.
12	2 APPLE COMPUTERS	04/01/07	SL	3.00		HY16	2,096.				2,096.	2,096.		0.	2,096.
13	DELL COMPUTER&PRINTER	10/04/07	SL	3.00		HY16	350.				350.	321.		29.	350.
14	SONY VCR VIDEO RECORDER	11/01/07	SL	3.00		HY16	870.				870.	773.		24.	797.
15	BATTERY BACKUP-SERVER	11/01/07	SL	3.00		HY16	986.				986.	876.		27.	903.
16	LAPTOP COMPUTER(TALOR'S CC)	01/01/08	SL	3.00		HY16	2,318.				2,318.	1,932.		97.	2,029.
17	LAP TOP COMPUTER(JOEL)	04/01/08	SL	3.00		HY16	1,067.				1,067.	800.		67.	867.
18	POTTER WHEELS	10/15/04	SL	7.00		HY16	4,802.				4,802.	3,945.		172.	4,117.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	EASLES	10/01/06	SL	7.00		HY16	824.				824.	441.		29.	470.
20	SOUND EQUIPMENT	11/01/06	SL	7.00		HY16	866.				866.	454.		31.	485.
21	EASLES	11/01/06	SL	7.00		HY16	839.				839.	440.		30.	470.
22	SOUND EQUIPMENT	12/06/06	SL	7.00		HY16	605.				605.	310.		22.	332.
23	OFFICE DESIGN	01/15/07	SL	7.00		HY16	2,169.				2,169.	1,084.		77.	1,161.
24	PICTURES FRAMES	10/04/07	SL	7.00		HY16	1,100.				1,100.	432.		39.	471.
25	OFFICE DESIGN	03/01/08	SL	7.00		HY16	4,211.				4,211.	1,404.		150.	1,554.
26	NEW KILN	06/10/08	SL	7.00		HY16	2,574.				2,574.	766.		92.	858.
27	IMPROVEMENTS	07/01/02	SL	39.00		MM16	23,572.				23,572.	4,835.		151.	4,986.
28	SIGN	09/09/96	SL	20.00		HY16	495.				495.	342.		6.	348.
29	LIGHTING-LEASHOLD IMPR	09/27/96	SL	20.00		HY16	1,065.				1,065.	732.		13.	745.
30	LIGHTING	12/16/99	SL	39.00		MM16	7,050.				7,050.	1,913.		45.	1,958.
31	IMPROVEMENTS	02/04/00	SL	39.00		MM16	2,371.				2,371.	633.		15.	648.
32	LIGHTING(OFFICE DESIGN)	03/01/02	SL	39.00		MM16	690.				690.	147.		4.	151.
33	LIGHTING(OUTSIDE LIGHTS)	03/22/02	SL	39.00		MM16	1,591.				1,591.	337.		10.	347.
34	LIGHTING(TRANFORMER)	04/23/02	SL	39.00		MM16	727.				727.	152.		5.	157.
35	LIBRARY PANELS REPLACED	04/01/05	SL	39.00		MM16	6,678.				6,678.	899.		43.	942.
36	BUILDING PAINTED	04/01/05	SL	7.00		HY16	11,100.				11,100.	8,325.		396.	8,721.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	WATSON GALLERY RENOVATIONS	09/01/06	SL	39.00	MM	16	90,907.				90,907.	8,935.		583.	9,518.
38	ANDREA CLARK BROWN	11/01/06	SL	5.00	HY	16	29,281.				29,281.	15,098.		1,464.	16,562.
39	DMI ELECTRIC	05/17/07	SL	5.00	HY	16	2,347.				2,347.	1,447.		117.	1,564.
40	SIMPLEX GRINELL	05/17/07	SL	5.00	HY	16	2,200.				2,200.	1,357.		110.	1,467.
41	PROPERTY	11/01/98	SL	39.00	MM	16	3,724,813.				3,724,813.	1,115,016.		23,877.	1,138,893.
42	DELL COMPUTER	11/03/08	SL	5.00	HY	16	1,130.				1,130.	377.		57.	434.
43	OFFICE FURNITURE	01/30/09	SL	5.00	HY	16	1,353.				1,353.	383.		68.	451.
44	TWO COMPUTERS	02/25/09	SL	5.00	HY	16	1,781.				1,781.	475.		89.	564.
45	SCULPTURE BENCHES(8)	10/02/98	SL	7.00	HY	16	960.				960.	960.		0.	960.
46	PRINTER	01/26/98	SL	3.00	HY	16	484.				484.	484.		0.	484.
47	BATTERY BACKUP-COMPUT	12/30/98	SL	3.00	HY	16	100.				100.	100.		0.	100.
48	COMPUTER UPGRADES	03/05/99	SL	3.00	HY	16	241.				241.	241.		0.	241.
49	COMPUTER CDW	03/30/99	SL	3.00	HY	16	2,089.				2,089.	2,089.		0.	2,089.
50	RADIO	11/11/99	SL	3.00	HY	16	192.				192.	192.		0.	192.
51	VCR	11/16/99	SL	3.00	HY	16	199.				199.	199.		0.	199.
52	SOFTWARE	04/21/00	SL	3.00	HY	16	4,500.				4,500.	4,500.		0.	4,500.
53	CREDIT CARD MACHINE	10/15/98	SL	5.00	HY	16	849.				849.	849.		0.	849.
54	CASH REGISTER	11/06/98	SL	5.00	HY	16	261.				261.	261.		0.	261.



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	OFFICE EQUIPMENT	11/17/98	SL	5.00		HY16	378.				378.	378.		0.	378.
56	COPIER	01/26/99	SL	5.00		HY16	8,400.				8,400.	8,400.		0.	8,400.
57	WINDOW SHADES	02/09/99	SL	5.00		HY16	920.				920.	920.		0.	920.
58	COMPUTERS 3 PLUS A SERVER	04/18/01	SL	3.00		HY16	5,842.				5,842.	5,842.		0.	5,842.
59	GATEWAY COMP (LIABRARY)	09/01/01	SL	3.00		HY16	878.				878.	878.		0.	878.
60	OFFICE FURNITURE	10/01/94	SL	10.00		HY16	10,872.				10,872.	10,872.		0.	10,872.
61	VACUM	10/07/99	SL	5.00		HY16	389.				389.	389.		0.	389.
62	PHOTO EQUIPMENT	02/04/00	SL	5.00		HY16	1,250.				1,250.	1,250.		0.	1,250.
63	PHOTO EQUIPMENT	02/04/00	SL	5.00		HY16	1,598.				1,598.	1,598.		0.	1,598.
64	AI CLEANING SYSTEM	03/21/00	SL	5.00		HY16	1,050.				1,050.	1,050.		0.	1,050.
65	FILM EQUIPMENT	03/26/02	SL	3.00		HY16	3,676.				3,676.	3,676.		0.	3,676.
66	SURE PRESENTER-UHF	04/21/00	SL	5.00		HY16	449.				449.	449.		0.	449.
67	NETWORK	05/17/00	SL	5.00		HY16	550.				550.	550.		0.	550.
68	AIR SYSYTEM	05/22/00	SL	5.00		HY16	1,289.				1,289.	1,289.		0.	1,289.
69	FIREWALL SOFTWARE	08/20/02	SL	3.00		HY16	519.				519.	519.		0.	519.
70	KITCHEN APPLIANCES	11/09/98	SL	7.00		HY16	2,095.				2,095.	2,095.		0.	2,095.
71	MERCHANDISE DISPALYS	11/12/98	SL	7.00		HY16	2,026.				2,026.	2,026.		0.	2,026.
72	NOVA RETROFIT	11/12/98	SL	7.00		HY16	317.				317.	317.		0.	317.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	MUSEO EASELS	11/17/98	SL	7.00		HY16	3,000.				3,000.	3,000.		0.	3,000.
74	TABLES& STOOLS	12/08/98	SL	7.00		HY16	7,789.				7,789.	7,789.		0.	7,789.
75	MISC FUSNITURE AND EQUIP	12/31/00	SL	5.00		HY16	1,178.				1,178.	1,178.		0.	1,178.
76	OFFICE FURNITURE	01/02/99	SL	7.00		HY16	13,553.				13,553.	13,553.		0.	13,553.
77	NEW COMPUTERS(3)	01/01/03	SL	3.00		HY16	4,146.				4,146.	4,146.		0.	4,146.
78	PEDESTALS & PLATFORMS	01/07/99	SL	7.00		HY16	525.				525.	525.		0.	525.
79	OFFICE FURNITURE	01/08/99	SL	7.00		HY16	35,946.				35,946.	35,946.		0.	35,946.
80	MUSEO EASLES	01/15/99	SL	7.00		HY16	150.				150.	150.		0.	150.
81	ART STORAGE BINS	01/19/99	SL	7.00		HY16	2,401.				2,401.	2,401.		0.	2,401.
82	JEWELRY RACKS	02/25/99	SL	7.00		HY16	990.				990.	990.		0.	990.
83	MAGAZINE RACKS	02/25/99	SL	7.00		HY16	1,078.				1,078.	1,078.		0.	1,078.
84	NEW HARDRIVE FOR SERVER	03/01/03	200DB	5.00		HY17	758.			227.	531.	531.		0.	531.
85	FLOOR BUFFER	03/08/01	SL	5.00		HY16	865.				865.	865.		0.	865.
86	DALITE SOUND LECTURN SYS	03/30/99	SL	7.00		HY16	2,330.				2,330.	2,330.		0.	2,330.
87	EQUIPMENT	04/12/99	SL	7.00		HY16	1,900.				1,900.	1,900.		0.	1,900.
88	SOUND EQUIPMENT	04/23/99	SL	7.00		HY16	1,915.				1,915.	1,915.		0.	1,915.
89	ROPE PARTITIONS	05/04/99	SL	7.00		HY16	986.				986.	986.		0.	986.
90	BOOKCASE	05/24/99	SL	7.00		HY16	135.				135.	135.		0.	135.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	BOOKCASE	05/27/99	SL	7.00		HY16	135.				135.	135.		0.	135.
92	LADDER	06/03/99	SL	7.00		HY16	467.				467.	467.		0.	467.
93	SCULPTURES (2)	06/07/99	SL	7.00		HY16	270.				270.	270.		0.	270.
94	OFFICE DESIGN	06/07/99	SL	7.00		HY16	4,967.				4,967.	4,967.		0.	4,967.
95	SOFTWARE-ACROBAT READER	09/01/03	SL	3.00		HY16	697.				697.	697.		0.	697.
96	DESKTOP COMPUTER GATEWAY	09/01/03	SL	3.00		HY16	1,344.				1,344.	1,344.		0.	1,344.
97	OFFICE FURNITURE	10/01/96	SL	10.00		HY16	500.				500.	500.		0.	500.
98	PLATFORM	11/08/99	SL	7.00		HY16	322.				322.	322.		0.	322.
99	BENCHES	03/13/00	SL	7.00		HY16	1,975.				1,975.	1,975.		0.	1,975.
100	OFFICE EQUIPMENT	05/22/00	SL	7.00		HY16	9,423.				9,423.	9,423.		0.	9,423.
101	NEW SERVER PACKAGE	06/01/04	SL	3.00		HY16	10,803.				10,803.	10,803.		0.	10,803.
102	SOFTWARE UPGRADE	06/01/04	SL	3.00		HY16	620.				620.	620.		0.	620.
103	INTERTECH CAMERA SYSTEM	11/30/09	200DB	5.00		HY17	8,499.				8,499.	1,700.		680.	2,380.
104	3 COMPUTERS	03/30/10	200DB	5.00		HY17	8,086.				8,086.	1,617.		647.	2,264.
105	A/C UNIT CHILLER	07/01/09	150DB	15.00		HY17	88,000.				88,000.	4,400.		2,090.	6,490.
	* TOTAL 990 PAGE 10 DEPR						4,283,733.			227.	4,283,506.	1,428,126.		31,356.	1,459,482.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>NAPLES ART ASSOCIATION, INC.</b>	Employer identification number <b>59-1022882</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>585 PARK ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34102</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **▶ AIMEE SCHLEHR - 585 PARK ST - NAPLES, FL 34102**  
 Telephone No. **▶ 239-262-6517** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **AUGUST 15, 2011**.

**5** For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2010**, and ending **SEP 30, 2010**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension **\_\_\_\_\_**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ PRESIDENT** Date **▶**

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAPTOP COMPUTER	070304	SL	3.00	16	1,763.			1,763.	1,763.		0.
2	LIBRARY FURNITURE	110600	SL	7.00	16	762.			762.	762.		0.
3	FURNITURE AND FIXTURES	053101	SL	7.00	16	3,565.			3,565.	3,565.		0.
4	NEW PHONE/VOICE MAIL	063003	SL	5.00	16	7,714.			7,714.	7,714.		0.
5	KILN	072501	SL	7.00	16	2,337.			2,337.	2,337.		0.
6	RAISER'S EDGE SOFTWARE	080901	SL	7.00	16	37,474.			37,474.	37,474.		0.
7	OFFICE IMPROVEMENT	123101	SL	7.00	16	20,000.			20,000.	18,839.		0.
8	DIGITAL CAMERA	010606	SL	3.00	16	900.			900.	900.		0.
9	BACKUP TAPE DRIVE FOR SERVER	060606	SL	3.00	16	1,158.			1,158.	1,158.		0.
10	DELL COMPUTERS	070106	SL	3.00	16	4,189.			4,189.	4,189.		0.
11	LAP TOP COMPUERT	110106	SL	3.00	16	917.			917.	917.		0.
12	APPLE COMPUTERS	040107	SL	3.00	16	2,096.			2,096.	2,096.		0.
13	DELL COMPUTER&PRINTER	100407	SL	3.00	16	350.			350.	321.		29.
14	SONY VCR VIDEO RECORDER	110107	SL	3.00	16	870.			870.	773.		24.
15	BATTERY BACKUP-SERVER	110107	SL	3.00	16	986.			986.	876.		27.
16	LAPTOP COMPUTER(TALOR'S CC	010108	SL	3.00	16	2,318.			2,318.	1,932.		97.
17	LAP TOP COMPUTER(JOEL)	040108	SL	3.00	16	1,067.			1,067.	800.		67.
18	POTTER WHEELS	101504	SL	7.00	16	4,802.			4,802.	3,945.		172.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	EASLES	100106	SL	7.00	16	824.			824.	441.		29.
20	SOUND EQUIPMENT	110106	SL	7.00	16	866.			866.	454.		31.
21	EASLES	110106	SL	7.00	16	839.			839.	440.		30.
22	SOUND EQUIPMENT	120606	SL	7.00	16	605.			605.	310.		22.
23	OFFICE DESIGN	011507	SL	7.00	16	2,169.			2,169.	1,084.		77.
24	PICTURES FRAMES	100407	SL	7.00	16	1,100.			1,100.	432.		39.
25	OFFICE DESIGN	030108	SL	7.00	16	4,211.			4,211.	1,404.		150.
26	NEW KILN	061008	SL	7.00	16	2,574.			2,574.	766.		92.
27	IMPROVEMENTS	070102	SL	39.00	16	23,572.			23,572.	4,835.		151.
28	SIGN	090996	SL	20.00	16	495.			495.	342.		6.
29	LIGHTING-LEASHOLD IMPR	092796	SL	20.00	16	1,065.			1,065.	732.		13.
30	LIGHTING	121699	SL	39.00	16	7,050.			7,050.	1,913.		45.
31	IMPROVEMENTS	020400	SL	39.00	16	2,371.			2,371.	633.		15.
32	LIGHTING(OFFICE DESIGN)	030102	SL	39.00	16	690.			690.	147.		4.
33	LIGHTING(OUTSIDE LIGHTS)	032202	SL	39.00	16	1,591.			1,591.	337.		10.
34	LIGHTING(TRANFORMER)	042302	SL	39.00	16	727.			727.	152.		5.
35	LIBRARY PANELS REPLACED	040105	SL	39.00	16	6,678.			6,678.	899.		43.
36	BUILDING PAINTED	040105	SL	7.00	16	11,100.			11,100.	8,325.		396.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	WATSON GALLERY RENOVATIONS	090106	SL	39.00	16	90,907.			90,907.	8,935.		583.
38	ANDREA CLARK BROWN	110106	SL	5.00	16	29,281.			29,281.	15,098.		1,464.
39	DMI ELECTRIC	051707	SL	5.00	16	2,347.			2,347.	1,447.		117.
40	SIMPLEX GRINELL	051707	SL	5.00	16	2,200.			2,200.	1,357.		110.
41	PROPERTY	110198	SL	39.00	16	3,724,813.			3,724,813.	1,115,016.		23,877.
42	DELL COMPUTER	110308	SL	5.00	16	1,130.			1,130.	377.		57.
43	OFFICE FURNITURE	013009	SL	5.00	16	1,353.			1,353.	383.		68.
44	TWO COMPUTERS	022509	SL	5.00	16	1,781.			1,781.	475.		89.
45	SCULPTURE BENCHES (8)	100298	SL	7.00	16	960.			960.	960.		0.
46	PRINTER BATTERY	012698	SL	3.00	16	484.			484.	484.		0.
47	BACKUP-COMPUT	123098	SL	3.00	16	100.			100.	100.		0.
48	COMPUTER UPGRADES	030599	SL	3.00	16	241.			241.	241.		0.
49	COMPUTER CDW	033099	SL	3.00	16	2,089.			2,089.	2,089.		0.
50	RADIO	111199	SL	3.00	16	192.			192.	192.		0.
51	VCR	111699	SL	3.00	16	199.			199.	199.		0.
52	SOFTWARE	042100	SL	3.00	16	4,500.			4,500.	4,500.		0.
53	CREDIT CARD MACHINE	101598	SL	5.00	16	849.			849.	849.		0.
54	CASH REGISTER	110698	SL	5.00	16	261.			261.	261.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	OFFICE EQUIPMENT	111798	SL	5.00	16	378.			378.	378.		0.
56	COPIER	012699	SL	5.00	16	8,400.			8,400.	8,400.		0.
57	WINDOW SHADES	020999	SL	5.00	16	920.			920.	920.		0.
58	COMPUTERS 3 PLUS A SERVER	041801	SL	3.00	16	5,842.			5,842.	5,842.		0.
59	GATEWAY COMP (LIABRARY)	090101	SL	3.00	16	878.			878.	878.		0.
60	OFFICE FURNITURE	100194	SL	10.00	16	10,872.			10,872.	10,872.		0.
61	VACUM	100799	SL	5.00	16	389.			389.	389.		0.
62	PHOTO EQUIPMENT	020400	SL	5.00	16	1,250.			1,250.	1,250.		0.
63	PHOTO EQUIPMENT	020400	SL	5.00	16	1,598.			1,598.	1,598.		0.
64	AI CLEANING SYSTEM	032100	SL	5.00	16	1,050.			1,050.	1,050.		0.
65	FILM EQUIPMENT	032602	SL	3.00	16	3,676.			3,676.	3,676.		0.
66	SURE PRESENTER-UHF	042100	SL	5.00	16	449.			449.	449.		0.
67	NETWORK	051700	SL	5.00	16	550.			550.	550.		0.
68	AIR SYSYTEM	052200	SL	5.00	16	1,289.			1,289.	1,289.		0.
69	FIREWALL SOFTWARE	082002	SL	3.00	16	519.			519.	519.		0.
70	KITCHEN APPLIANCES	110998	SL	7.00	16	2,095.			2,095.	2,095.		0.
71	MERCHANDISE DISPALYS	111298	SL	7.00	16	2,026.			2,026.	2,026.		0.
72	NOVA RETROFIT	111298	SL	7.00	16	317.			317.	317.		0.



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- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	MUSEO EASELS	111798	SL	7.00	16	3,000.			3,000.	3,000.		0.
74	TABLES& STOOLS	120898	SL	7.00	16	7,789.			7,789.	7,789.		0.
75	MISC FUSNITURE AND EQUIP	123100	SL	5.00	16	1,178.			1,178.	1,178.		0.
76	OFFICE FURNITURE	010299	SL	7.00	16	13,553.			13,553.	13,553.		0.
77	NEW COMPUTERS(3)	010103	SL	3.00	16	4,146.			4,146.	4,146.		0.
78	PEDESTALS & PLATFORMS	010799	SL	7.00	16	525.			525.	525.		0.
79	OFFICE FURNITURE	010899	SL	7.00	16	35,946.			35,946.	35,946.		0.
80	MUSEO EASLES	011599	SL	7.00	16	150.			150.	150.		0.
81	ART STORAGE BINS	011999	SL	7.00	16	2,401.			2,401.	2,401.		0.
82	JEWELRY RACKS	022599	SL	7.00	16	990.			990.	990.		0.
83	MAGAZINE RACKS	022599	SL	7.00	16	1,078.			1,078.	1,078.		0.
84	NEW HARDRIVE FOR SERVER	030103200	DB	5.00	17	758.		227.	531.	531.		0.
85	FLOOR BUFFER	030801	SL	5.00	16	865.			865.	865.		0.
86	DALITE SOUND LECTURN SYS	033099	SL	7.00	16	2,330.			2,330.	2,330.		0.
87	EQUIPMENT	041299	SL	7.00	16	1,900.			1,900.	1,900.		0.
88	SOUND EQUIPMENT	042399	SL	7.00	16	1,915.			1,915.	1,915.		0.
89	ROPE PARTITIONS	050499	SL	7.00	16	986.			986.	986.		0.
90	BOOKCASE	052499	SL	7.00	16	135.			135.	135.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	BOOKCASE	052799	SL	7.00	16	135.			135.	135.		0.
92	LADDER	060399	SL	7.00	16	467.			467.	467.		0.
93	SCULPTURES (2)	060799	SL	7.00	16	270.			270.	270.		0.
94	OFFICE DESIGN SOFTWARE-ACROBAT	060799	SL	7.00	16	4,967.			4,967.	4,967.		0.
95	READER	090103	SL	3.00	16	697.			697.	697.		0.
96	DESKTOP COMPUTER GATEWAY	090103	SL	3.00	16	1,344.			1,344.	1,344.		0.
97	OFFICE FURNITURE	100196	SL	10.00	16	500.			500.	500.		0.
98	PLATFORM	110899	SL	7.00	16	322.			322.	322.		0.
99	BENCHES	031300	SL	7.00	16	1,975.			1,975.	1,975.		0.
100	OFFICE EQUIPMENT	052200	SL	7.00	16	9,423.			9,423.	9,423.		0.
101	NEW SERVER PACKAGE	060104	SL	3.00	16	10,803.			10,803.	10,803.		0.
102	SOFTWARE UPGRADE INTERTECH CAMERA	060104	SL	3.00	16	620.			620.	620.		0.
103	SYSTEM	113009200	DB	5.00	17	8,499.			8,499.	1,700.		680.
104	3 COMPUTERS	033010200	DB	5.00	17	8,086.			8,086.	1,617.		647.
105	A/C UNIT CHILLER	070109150	DB	15.00	17	88,000.			88,000.	4,400.		2,090.
	* TOTAL 990 PAGE 10 DEPR					4,283,733.		227.	4,283,506.	1,428,126.		31,356.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAPTOP COMPUTER	070304	SL	3.00	1,763.		1,763.	1,763.	0.
2	LIBRARY FURNITURE	110600	SL	7.00	762.		762.	762.	0.
3	FURNITURE AND FIXTURES	053101	SL	7.00	3,565.		3,565.	3,565.	0.
4	NEW PHONE/VOICE MAIL	063003	SL	5.00	7,714.		7,714.	7,714.	0.
5	KILN	072501	SL	7.00	2,337.		2,337.	2,337.	0.
6	RAISER'S EDGE SOFTWARE	080901	SL	7.00	37,474.		37,474.	37,474.	0.
7	OFFICE IMPROVEMENT	123101	SL	7.00	20,000.		20,000.	18,839.	0.
8	DIGITAL CAMERA	010606	SL	3.00	900.		900.	900.	0.
9	BACKUP TAPE DRIVE FOR SERVER	060606	SL	3.00	1,158.		1,158.	1,158.	0.
10	DELL COMPUTERS	070106	SL	3.00	4,189.		4,189.	4,189.	0.
11	LAP TOP COMPUERT	110106	SL	3.00	917.		917.	917.	0.
12	APPLE COMPUTERS	040107	SL	3.00	2,096.		2,096.	2,096.	0.
13	DELL COMPUTER&PRINTER	100407	SL	3.00	350.		350.	350.	0.
14	SONY VCR VIDEO RECORDER	110107	SL	3.00	870.		870.	797.	0.
15	BATTERY BACKUP-SERVER	110107	SL	3.00	986.		986.	903.	0.
16	LAPTOP COMPUTER(TALOR'S CC)	010108	SL	3.00	2,318.		2,318.	2,029.	0.
17	LAP TOP COMPUTER(JOEL)	040108	SL	3.00	1,067.		1,067.	867.	0.
18	POTTER WHEELS	101504	SL	7.00	4,802.		4,802.	4,117.	685.
19	EASLES	100106	SL	7.00	824.		824.	470.	118.
20	SOUND EQUIPMENT	110106	SL	7.00	866.		866.	485.	124.
21	EASLES	110106	SL	7.00	839.		839.	470.	120.
22	SOUND EQUIPMENT	120606	SL	7.00	605.		605.	332.	86.
23	OFFICE DESIGN	011507	SL	7.00	2,169.		2,169.	1,161.	310.
24	PICTURES FRAMES	100407	SL	7.00	1,100.		1,100.	471.	157.
25	OFFICE DESIGN	030108	SL	7.00	4,211.		4,211.	1,554.	602.
26	NEW KILN	061008	SL	7.00	2,574.		2,574.	858.	368.
27	IMPROVEMENTS	070102	SL	39.00	23,572.		23,572.	4,986.	604.
28	SIGN	090996	SL	20.00	495.		495.	348.	25.
29	LIGHTING-LEASHOLD IMPR	092796	SL	20.00	1,065.		1,065.	745.	53.
30	LIGHTING	121699	SL	39.00	7,050.		7,050.	1,958.	181.
31	IMPROVEMENTS	020400	SL	39.00	2,371.		2,371.	648.	61.
32	LIGHTING(OFFICE DESIGN)	030102	SL	39.00	690.		690.	151.	18.
33	LIGHTING(OUTSIDE LIGHTS)	032202	SL	39.00	1,591.		1,591.	347.	41.
34	LIGHTING(TRANFORMER)	042302	SL	39.00	727.		727.	157.	19.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	LIBRARY PANELS REPLACED	040105	SL	39.00	6,678.		6,678.	942.	171.
36	BUILDING PAINTED	040105	SL	7.00	11,100.		11,100.	8,721.	1,586.
37	WATSON GALLERY RENOVATIONS	090106	SL	39.00	90,907.		90,907.	9,518.	2,331.
38	ANDREA CLARK BROWN	110106	SL	5.00	29,281.		29,281.	16,562.	5,856.
39	DMI ELECTRIC	051707	SL	5.00	2,347.		2,347.	1,564.	469.
40	SIMPLEX GRINELL	051707	SL	5.00	2,200.		2,200.	1,467.	440.
41	PROPERTY	110198	SL	39.00	3,724,813.		3,724,813.	1,138,893.	95,508.
42	DELL COMPUTER	110308	SL	5.00	1,130.		1,130.	434.	226.
43	OFFICE FURNITURE	013009	SL	5.00	1,353.		1,353.	451.	271.
44	TWO COMPUTERS	022509	SL	5.00	1,781.		1,781.	564.	356.
45	SCULPTURE BENCHES(8)	100298	SL	7.00	960.		960.	960.	0.
46	PRINTER	012698	SL	3.00	484.		484.	484.	0.
47	BATTERY BACKUP-COMPUT	123098	SL	3.00	100.		100.	100.	0.
48	COMPUTER UPGRADES	030599	SL	3.00	241.		241.	241.	0.
49	COMPUTER CDW	033099	SL	3.00	2,089.		2,089.	2,089.	0.
50	RADIO	111199	SL	3.00	192.		192.	192.	0.
51	VCR	111699	SL	3.00	199.		199.	199.	0.
52	SOFTWARE	042100	SL	3.00	4,500.		4,500.	4,500.	0.
53	CREDIT CARD MACHINE	101598	SL	5.00	849.		849.	849.	0.
54	CASH REGISTER	110698	SL	5.00	261.		261.	261.	0.
55	OFFICE EQUIPMENT	111798	SL	5.00	378.		378.	378.	0.
56	COPIER	012699	SL	5.00	8,400.		8,400.	8,400.	0.
57	WINDOW SHADES	020999	SL	5.00	920.		920.	920.	0.
58	COMPUTERS 3 PLUS A SERVER	041801	SL	3.00	5,842.		5,842.	5,842.	0.
59	GATEWAY COMP (LIABRARY)	090101	SL	3.00	878.		878.	878.	0.
60	OFFICE FURNITURE	100194	SL	10.00	10,872.		10,872.	10,872.	0.
61	VACUM	100799	SL	5.00	389.		389.	389.	0.
62	PHOTO EQUIPMENT	020400	SL	5.00	1,250.		1,250.	1,250.	0.
63	PHOTO EQUIPMENT	020400	SL	5.00	1,598.		1,598.	1,598.	0.
64	AI CLEANING SYSTEM	032100	SL	5.00	1,050.		1,050.	1,050.	0.
65	FILM EQUIPMENT	032602	SL	3.00	3,676.		3,676.	3,676.	0.
66	SURE PRESENTER-UHF	042100	SL	5.00	449.		449.	449.	0.
67	NETWORK	051700	SL	5.00	550.		550.	550.	0.
68	AIR SYSYEM	052200	SL	5.00	1,289.		1,289.	1,289.	0.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NAPLES ART ASSOCIATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
69	FIREWALL SOFTWARE	082002	SL	3.00	519.		519.	519.	0.
70	KITCHEN APPLIANCES	110998	SL	7.00	2,095.		2,095.	2,095.	0.
71	MERCHANDISE DISPALYS	111298	SL	7.00	2,026.		2,026.	2,026.	0.
72	NOVA RETROFIT	111298	SL	7.00	317.		317.	317.	0.
73	MUSEO EASELS	111798	SL	7.00	3,000.		3,000.	3,000.	0.
74	TABLES& STOOLS	120898	SL	7.00	7,789.		7,789.	7,789.	0.
75	MISC FUSNITURE AND EQUIP	123100	SL	5.00	1,178.		1,178.	1,178.	0.
76	OFFICE FURNITURE	010299	SL	7.00	13,553.		13,553.	13,553.	0.
77	NEW COMPUTERS(3)	010103	SL	3.00	4,146.		4,146.	4,146.	0.
78	PEDESTALS & PLATFORMS	010799	SL	7.00	525.		525.	525.	0.
79	OFFICE FURNITURE	010899	SL	7.00	35,946.		35,946.	35,946.	0.
80	MUSEO EASLES	011599	SL	7.00	150.		150.	150.	0.
81	ART STORAGE BINS	011999	SL	7.00	2,401.		2,401.	2,401.	0.
82	JEWELRY RACKS	022599	SL	7.00	990.		990.	990.	0.
83	MAGAZINE RACKS	022599	SL	7.00	1,078.		1,078.	1,078.	0.
84	NEW HARDRIVE FOR SERVER	030103	200DB	5.00	758.	227.	531.	531.	0.
85	FLOOR BUFFER	030801	SL	5.00	865.		865.	865.	0.
86	DALITE SOUND LECTURN SYS	033099	SL	7.00	2,330.		2,330.	2,330.	0.
87	EQUIPMENT	041299	SL	7.00	1,900.		1,900.	1,900.	0.
88	SOUND EQUIPMENT	042399	SL	7.00	1,915.		1,915.	1,915.	0.
89	ROPE PARTITIONS	050499	SL	7.00	986.		986.	986.	0.
90	BOOKCASE	052499	SL	7.00	135.		135.	135.	0.
91	BOOKCASE	052799	SL	7.00	135.		135.	135.	0.
92	LADDER	060399	SL	7.00	467.		467.	467.	0.
93	SCULPTURES (2)	060799	SL	7.00	270.		270.	270.	0.
94	OFFICE DESIGN	060799	SL	7.00	4,967.		4,967.	4,967.	0.
95	SOFTWARE-ACROBAT READER	090103	SL	3.00	697.		697.	697.	0.
96	DESKTOP COMPUTER GATEWAY	090103	SL	3.00	1,344.		1,344.	1,344.	0.
97	OFFICE FURNITURE	100196	SL	10.00	500.		500.	500.	0.
98	PLATFORM	110899	SL	7.00	322.		322.	322.	0.
99	BENCHES	031300	SL	7.00	1,975.		1,975.	1,975.	0.
100	OFFICE EQUIPMENT	052200	SL	7.00	9,423.		9,423.	9,423.	0.
101	NEW SERVER PACKAGE	060104	SL	3.00	10,803.		10,803.	10,803.	0.
102	SOFWARE UPGRADE	060104	SL	3.00	620.		620.	620.	0.

