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SCANNED JUN 2 2

Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A 1	Cr us	e 2005 Calerida	u year,	or tax year beginning , 2009, and e	nung				, 20			
B	Check if	applicable	Please	C Name of organization	0	Empk	oyer idr	entifical	tion number			
Ш	Address	ss change use IRS WICKFORD ART ASSOCIATION						23-7061680				
Ц	Name d	change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teleph						ımber				
\forall	Instal re Termina											
片			See Specific	City or town, state or country, and ZIP + 4		Groun		mption				
片		1	Instruc- tions.	NORTH KINGSTOWN. RI 02852-5745	1		-	•				
므		Dan parkang	· · · · · · · · · · · · · · · · · · ·				ber 🕨					
	• Sec	ction 501(c)(3) (-			_		☑ Ca	ish Accrual			
_			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (sp							
				ļ•	H Check ▶	• 📙 i	f the o	rganiza	tion is not			
1.	! Website: ► required to attach Schedule B (Form 990,											
<u>J</u> 1	ах-ех	cempt status (c	check o	ıly one) — 🗹 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	990-EZ,	or 990)-PF).					
K	Check	if the	organi	cation is not a section 509(a)(3) supporting organization and its gross recei	ipts are non	mally r	ot mo	re than	\$25,000. A			
1	Form 9	990-EZ or Form	990 re	urn is not required, but if the organization chooses to file a return, be sur	re to file a	comple	ete reti	um.				
L	Add line	es 5b, 6b, and 71	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F	orm 990-E	2 🕨	\$		95,375.			
	art I			enses, and Changes in Net Assets or Fund Balances (S			tions	for P	art I.)			
	1		<u> </u>	s, grants, and similar amounts received		1	1					
	2		_	-		· }	$\overline{}$		82,609.			
	1	-		evenue including government fees and contracts	· · · ·	·	2					
	3		•	and assessments	• • • •	٠ ١	3		9,550.			
	4	Investment		1 1		· [-	4		3,216.			
	5a			n sale of assets other than inventory 5a			ļ					
	b			r basis and sales expenses								
•	C		,	sale of assets other than inventory (Subtract line 5b from line 5a	,	_: ├	5c					
Ž	6	Special events	and act	vities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck here ▶	IJ Į	ŀ					
Revenue	а	Gross rever	- 1	ľ								
æ		reported on	line 1	BECEIVED 6a			1					
	b	Less: direct expenses other than fundraising expenses (A) 6b										
	C											
	7a	7a Gross sales of inventory, less returns and allowances					6c					
	b Less: cost of good					\neg						
					s) from sales of inventory (Subtract) ine 7th from line 7a)							
	8	Other reven			• • •	:	7c 8					
	9		•			- <u>/</u>	9		95,375.			
				Id lines 1,12,-3,-4,-5c, 6c, 7c, and 8	<u> </u>				33,373.			
	10			amounts paid (attach schedule)		· }	10					
_	11	•		for members		·	11					
Expenses	12	-		npensation, and employee benefits	• • •		12					
ē	13			and other payments to independent contractors	· · ·	· }	13		73,299.			
봈	14	, ,		utilities, and maintenance		· -	14		30,239.			
ш	15			ons, postage, and shipping		·	15					
	16	Other exper	•			_) -	16					
	17	Total expe	nses. /	Add lines 10 through 16	<u> </u>		17		103,538.			
ø	18	Excess or (d	deficit)	for the year (Subtract line 17 from line 9)		. L	18		(8,163.)			
. g	19	Net assets	or fun	d balances at beginning of year (from line 27, column (A)) (mus	t agree w	rith [
Net Assets		end-of-year	r figure	reported on prior year's return)		.	19					
e e	20	Other chan	ges in	net assets or fund balances (attach explanation)		. [20					
Z	21		_	balances at end of year. Combine lines 18 through 20		▶□	21					
Р	art II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form	990 ir	nstead	d of Fc	rm 990-EZ.			
				(See the instructions for Part II.)	(A) Beginn				End of year			
22	2 0	ash savings	and in	vestments		221.	585. 2	22	217,856.			
23		and and build					238. 2		35,804.			
24		other assets (d	_					24				
		•				261	823. 2	_	253,660.			
25		otal assets . otal liabilities				201,			233,000.			
26				alances (line 27 of column (B) must agree with line 21)		264	,823 2	26	253,660.			
_27		er assers of	. U. (O D	manues (mie 21 vi widitin (b) must agree widi inte 21)]	<u> </u>	201	1023 2	<u> </u>	233,000.			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106429

Form 990-EZ (2009)



Part	Statement of Program Service Accor	nplishments (See the inst	ructions for Part II	1.)		Expenses	
	is the organization's primary exempt purpose?	EDUCATE PUBLIC ABOUT				tired for section (3) and 501(c)(4)	
besome what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
	er, describe the services provided, the number	of persons benefited, and	other relevant info	rmation for		nizations and section (a)(1) trusts; optional	
	program title.				for of	hers.)	
28	GALLEY ART CLSSES: ART CLASSED OFFERED T	O THE COMMUNITY WHICH	ALLOW MEMER AN	D			
	OPPORTURITY TO EDUCATE THE PUBLIC ABOUT	ART.					
		t includes foreign grants, ch			28a	32,645.	
29	GALLEY EXHIBIT & SHOWS: GALLEY PROVIDES A	S FORM FOR ARTISTS TO E	XHIBIT THIER WOR	K TO			
	THE COMMUNITY.]		
					1		
		t includes foreign grants, ch		. ▶ 🗆	29a	15,702.	
30	ART FISTIVAL: PROVIDES A FORM FOR THE ARTI	STIC AND THE PUBLIC TO IN	TERACT COMRISER	R OF 250			
	REGIONAL ARTISTS.						
	······································		·				
		t includes foreign grants, ch	eck here	. ▶ 📙	30a	22,113.	
	Other program services (attach schedule)						
		t includes foreign grants, ch		. ▶ 📙	31a		
	Total program service expenses (add lines 28a			•	32		
Part	V List of Officers, Directors, Trustees, and Ke	(b) Title and average	(c) Compensation	teo. (See the i		(e) Expense	
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and	
11-		devoted to position	enter -0)	deferred compen	sation	other allowances	
110	WARD KUBENSTEIN	PRES.				o	
C+	WE Patience						
<u>91</u>	De Parience	VICE PRES.	0		o	0	
EDAN	CE CHRISTOPHERSON		 			-	
	ACH STREET NORTH KINGSTOWN, RI	TREAS.0	0		0	0	
30 01	ACH STREET NORTH RINGSTOWN, RI		 				
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Part	Other Information (Note the statement requirements in the instructions for Part V.)						
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1			
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		7			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330					
	during the year? If "Yes," complete applicable parts of Schedule N	36		1			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	J					
b	Did the organization file Form 1120-POL for this year?	37Ь		<b>✓</b>			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	]					
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9		ı				
b	Gross receipts, included on line 9, for public use of club facilities						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶						
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified						
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I						
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 5:01(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1			
41	List the states with which a copy of this return is filed. ▶						
42a	The organization's books are in care of ▶ FRANCE CHRISTOPHERSON Telephone no. ▶	401 29	4-6840	)			
	Located at ► 36 BEACH STREET NORTH KINGSTOWN ZIP + 4 ►	02852	-5745				
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		Yes	No			
	account)?	42b		✓			
	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.			1			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1			
	If "Yes," enter the name of the foreign country: ▶	لتحت					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		<b>▶</b> ⊔ 			
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44		<b>✓</b>			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓			
		m <b>99</b> 0	)-EZ	(2009)			

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49- and complete the tables for lines 50 ar	<b>section 4947(a)(1) non</b> 47(a)(1) nonexempt cha nd 51.	<b>exempt charitab</b> ritable trusts mus	le trusts only. A t answer question	II sec ins 46	tion 3–49b
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete		ties on behalf of or	in opposition to	$\overline{}$	Yes No
	•	•			46	
47	Did the organization engage in lobbying activitie	•	•		47	
48 49a	Is the organization a school as described in section Did the organization make any transfers to an ex-		•		48	
	<del></del>	•	•		49a 49b	-   *
50	If "Yes," was the related organization a section & Complete this table for the organization's five hi					e and key
•	employees) who each received more than \$100,	900 of compensation from	n the organization. I	f there is none, en	ter "N	one."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expense count and allowances
N/A	unai +100,000	GEVOLEG TO DOSINOV		Galarias daripas assault	Outer	anowances
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		<u> </u>		<u> </u>		
f	Total number of other employees paid over \$100	),000 ▶	<del></del>	-		
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			e of service	(c) Con	npensation
N/A						
				ł		
				1		
d	Total number of other independent contractors e	each receiving over \$100,0	▶			
	Under penalties of penury, I declare that I have examinand penalties frue, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and star based on all information	tements, and to the bes of which preparer has a	t of my any kno	knowledge wledge
Sign Here	Sanature of officer	erson		5-16-10		
	FRANCE CHRISTOPHERSON		•			
	Type or print name and title			<del></del>		
Paid	Preparer's Suprazure	Date	Check if self-	Preparer's identifying rum	•	instructions)
Prepar	er's Firm's name (or A PETER COTE	13/6/	(A)   employed ▶ ☐		3341	
Use O	7IV vours if self-employed).	H KINGSTOWN, RI 02852			294-3	824
May th	ne IRS discuss this return with the preparer shown			> 🗸		□ No
						-EZ (2009)

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

Department of the Treasury Internal Revenue Service Name of the organization

lame	of t	he organization	)						Employ	er identifica	ition number	
WIC	VICKFORD ART ASSOCIATION							23 7061680				
Pai	Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
'nе	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).		
2		A school de	scnbed in <b>secti</b> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital of	r a cooperative l	hospital service orgar	nization d	lescribed	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	i		
4		A medical re	esearch organiza	ation operated in conj	junction v	with a ho	spital de	scribed i	n section	170(b)(1	I)(A)(iii). Enter the	
		•	ame, city, and st									
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity or	wned or o	operated	by a gov	emmenta	ıl unit described ın	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(I	b)(1)(A)(v	).		
7		An organizat	tion that normally	y receives a substanti	al part of	its suppo	ort from a	governn	nental un	t or from	the general public	
				(1)(A)(vi). (Complete F								
8			•	d in <b>section 170(b)(1)</b>		•	•					
9				receives: (1) more that								
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
			•					•		511 tax	) from businesses	
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete i	art III.)			
0		•	•	nd operated exclusive	•	•	-					
1				and operated exclusiv								
				blicly supported organ								
			_	at describes the type	``				•			
	_	a Type		• •		e III-Fun	•	_			Type III—Other	
е	Ш			tify that the organizat								
		-		n managers and other	r than on	e or more	publicly	supporte	d organiz	zations de	escribed in section	
		509(a)(1) or s	section 509(a)(2)	•								
f		-		a written determinati	on from	the IRS	that it is	a Type I	l, Type II	, or Type	III supporting	
		•	, check this box								🗆	
9				the organization acce	epted any	gm or c	ontributio	on from a	iny of the	•		
		following per									Yes No	
				r indirectly controls, enting body of the sup				n person	is descri	oed in (ii)	11g(i)	
		•	<del>-</del>			_		• • •			11g(ii)	
				erson described in (i) a of a person described		 (ii) above					11g(iii)	
h			•	ation about the suppo							1.13641	
	Jame	of supported	(ii) EIN	(iii) Type of organization		organization	<del>                                     </del>	ou notify	(4)	s the	(viii) Amount of	
1.7		anization	(4) 5	(described on lines 1-9	in col. (i) li	sted in your	the organ	nization in	organizat	ion in col	support	
				above or IRC section (see instructions))	governing	document?	col. (i) supi	or your port?		zedin the i S?		
				,	Yes	No	Yes	No	Yes	No		
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Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				· · · · · · · · · · · · · · · · · · ·		
4	Total. Add lines 1 through 3	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
6	on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						535,783.
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,925.	3,762.	6,885.	5,252.	3,216.	22,040.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			l			557,823.
12	Gross receipts from related activities, etc	. (see instruction	ns)		1	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re <u></u>	<u> </u>		-	ear as a section	1.1
	tion C. Computation of Public Su					- <u></u>	
14	Public support percentage for 2009 (line		<del>-</del>	. column (f))		14	<u>%</u> %
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not c	heck the box o			6 or more, chec	
b	33% % support test-2008. If the organization qua						check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" and the second sec	acts-and-circum	nstances" test, o	check this box	and stop here.	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance foundation. If the organization did	acts-and-circums	stances" test, cl organization qual	neck this box a lifies as a public	and stop here. It by supported org	Explain in Part l' ganization	V how the

Sche	dule A (Form :390 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga (Complete only if you checke				(2)		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<del></del>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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	00.702	122 040	444 547	407.726	02.450	F2F 792
с 8	Add lines 7a and 7b	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
Sec	tion B. Total Support	<u> </u>		<u></u>	<del></del>		
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	98,392.	122,949.	114,547.	107,736.	92,159.	535,783.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,925.	3,762.	6,885.	5,252.	3.216.	22,040.
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				}		
С	Add lines 10a and 10b	2,925.	3,762.	6,885.	5,252.	3,216.	22,040.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	101,317.	126,711.	121,432.	112,988.	95,375.	557,823.
14	First five years. If the Form 990 is for torganization, check this box and stop to the form 990 is for the first five years.	ne organization	n's first, secon	<del></del>	or fifth tax ye	ear as a section	
Sec	tion C. Computation of Public Sup					<del></del>	<del>=</del>
15	Public support percentage for 2009 (lin			e 13, column (f	))	15	%
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment	Schedule A, Pa	rt III, line 15	<u> </u>	·	16	%
17	Investment income percentage for 2009			by line 13, co	lumn (f)) .	17	%
18	Investment income percentage from 20	08 Schedule A	, Part III, line 1	17	l	18	%
19a	17 is not more than 331/2 %, check this be	ox and <mark>stop he</mark>	re. The organiz	ation qualifies	as a publicly s	upported organ	nization 🕨 🗆
b	33%% support tests-2008. If the organ line 18 is not more than 33%%, check this	box and stop I	here. The organ	ization qualifies	as a publicly s	supported organ	ization 🕨 🛄
20	Private toundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instr	uctions 🕨 🗌

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Part IV	Supplemental Information. Part II, line 17a or 17b; and I	Complete this part III, line 12.	part to provide the Provide any other	e explanations require additional information	ed by Part II, line 10; on. See instructions.
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# Wickford Art Association EIN 23-706180

FORM 990/990 EZ

Part I

Page 1

Line 1 Contribution

**Donations via Donation Box** 

<u>\$</u>

# Wickford Art Association EIN 23-706180

# FORM 990/990 EZ

# Part I

Page 1		Total		Program service		Management and general	
	Line 13 Professional fee - line 14 Occupancy						
	Gallery Sales	\$ 1,316	\$	1,316	\$	-	
	Co-ordinator	\$ 13,800	\$	13,800	\$	-	
	Scholarship & Award	\$ 6,770	\$	6,770	\$	-	
	Utilities ,	\$ 2,979	\$	· <b>-</b>	\$	2,979	
	Cleaning	\$ 1,660	\$	-	\$	1,660	
	Insurance	\$ 10,577	\$	-	\$	10,577	
	Office Expenses	\$ 4,229	\$	-	\$	4,229	
	Donation	\$ -	\$	-	\$	-	
	Commission to Artists	\$ 2,733	\$	2,733	\$	-	
	Newsletter Expenses	\$ 1,403	\$	1,403	\$	-	
	Hospitality	\$ 761	\$	761	\$	-	
	Dues & Subscriptions	\$ 965	\$	-	\$	965	
	Judges .	\$ 1,150	\$	1,150	\$	-	
	Class Instuctor	\$ 5,901	\$	5,901	\$	-	
	Art Festival Activities	\$ 15,590	\$	15,590	\$	-	
	Professional Service	\$ 1,150	\$	-	\$	1,150	
	Misc.	\$ 1,324	\$	1,324	\$	-	
	Salaries and Wages	\$ 18,925	\$	18,925	\$	-	
	Telephone	\$ 2,211	\$	-	\$	2,211	
	Postage and shipping	\$ 586	\$	586	\$	-	
	Occupancy	\$ 1,452	\$	-	\$	1,452	
	Equipment and maintenance	\$ 3,040	\$	3,040	\$	-	
	Depreciation	\$ 5,016	\$	-	\$	5,016	
	Total Line 43 Other Expenses	\$ 103,538	\$	73,299	\$	30,239	

Wickford Art Association EIN 23-706180

FORM 990/990 EZ

Schedule A

### Page 2 Part li

### Line 4 Scholarship

Scholarships are given based on artistic ability to area high school students who are furthering their education at an accredited art school of their own choice. A scholarship committee reviews the porfoliosof students interested in the offer. This scholarship is viewed as a gift to the student. All seniors applying to and accredited art school are eliaible. The scholarship committee has no direct or indirect relationship with any of the students. No students have any relatives on the committee. There is no gender bias or discriminatory process as the scholarships are based strictly on an individual's portfolio and applications are available to any student.