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Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring 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 \$50,000 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.

OMB No 1545-1150

Open to Public Inspection

ΑI	For the	e 2009 calend	ar year,	or tax year beginning	January 1	, 2009, a	nd ending	Decem	<u>ber 31</u>	1 , 20	09			
В	Check if a	applicable	Please	C Name of organization				D Employe	r ident	ification number	•			
	Address	change use IRS label or Art Jewelry Forum								94-3363896				
=	Name ch	-	print or	Number and street (or P O box	, if mail is not delivered to str	eet address)	Room/suite	E Telephone number						
=	Initial ret Terminat		type. See	PO Box 823					415-5	522-2924				
=	Amende		Specific	City or town, state or country, a	nd ZIP + 4			F Group E	xemn	tion				
Ħ		ion pending	Instruc- tions.	Mill Valley, CA 94942				Number	•					
=			omani	zations and 4947(a)(1) none	amnt charitable truete i	must attach	G Accou			Z Cash ☐ Acc	crual			
	- 000	رداری ۱۱۵۰۱ می		mpleted Schedule A (Form 9		nast attacn		(specify) ▶	, <u>.</u>	_ 040// //00	J. Gui			
				,	<u> </u>				e ora:	anızatıon is not				
	Nebsi	ita- b www	artiewi	eyforum.org			1		_	edule B (Form 99				
					 (insert no.)	(1) or 527	- 1	Z, or 990-P						
_	Check			zation is not a section 509(a)(3						than \$25,000	Δ			
			•	eturn is not required, but if the		-	•	-			^			
				e 9 to determine gross receipts;					e	<u> </u>				
_	art I			penses, and Changes i					ns fo	or Part I.)				
-	1					TO DUIGITOO	0 (000 1110	1			1,000			
	2		_	ts, grants, and similar amo				<u>2</u>			2,006			
		_		revenue including governn				· · 3	_		0			
7,	3		•	s and assessments				: : 4			152			
	4	Investmen		· · · · · · · · · · · · · · · · · · ·				· · -	+		-132			
,	5a			m sale of assets other tha	•									
น ข	b			er basis and sales expense			o Fo\				0			
` <u>໑</u>	C			n sale of assets other than tivities (complete applicable parts					'					
Revenue	6						ig, check here							
- 8 8	a		•	ot including \$	of contributi	1 _ 1								
, Œ		reported o		•		. 6a								
_1	b	b Less: direct expenses other than fundraising expenses									0			
ز	l _													
7	1 -	- · · · · · · · · · · · · · · · · · · ·												
Ź	b		•			. 7b			_		0			
そうか	C							· · 70						
13	8		-		7)	$\overline{}$		3,158			
_	10			dd lines 1, 2, 3, 4, 5c, 6c,			<u> </u>	10	-		0,000			
	11			r amounts paid (attach scl or for members		50-188 06-1	<u></u>	<u> 1</u>			1,549			
w	i i	•		or for members Impensation, and employe	o bonofito	CEIVE	٠ . ان	1 1			0			
Expenses	13			and other payments to inc			၂၀	1			4,423			
ē	14			utilities, and maintenance	ependent dontifictors			1	_		0			
ă	15		-	ions, postage, and shippin	AP	R 2 6 20	10 0	1.			6,617			
	16			describe administratio	- 1		ا ﷺ ا	1 10	-		5,709			
	17	Total exp	enses	Add lines 10 through 16		SOEN.	JT i	. ▶ 1	-		8,298			
	40	Excess or	(deficit) for the year (Subtract line	17 from line 9)	3103		18			5,140			
Net Assets	19			nd balances at beginning				—	_		<u> </u>			
15S				e reported on prior year's r				. 19	a	29	9,328			
¥	20	=	-	net assets or fund balance	•			_	\rightarrow	<u>.</u>	0			
ž	21		-		• •			-	_	24	4,188			
P	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990													
				(See the instructions for				inning of yea		(B) End of year				
2	2 0	ash, savinos	and ir	nvestments	•			29,3	28 22	24	4,188			
2								,	0 23		0			
2		Land and buildings							0 24		0			
2								29,3	28 25	+	4,188			
20							,		0 26		0			
2	7 N	let assets or	fund t	cribe ► calances (line 27 of colum	n (B) must agree with	line 21) .		29.3	28 27		4.188			



Pårt	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses			
	is the organization's primary exempt purpose?	arts advocacy, education ar				ured for section)(3) and 501(c)(4)			
bescribe what was achieved in carrying out the organization's exempt purposes, in a clear and concise									
	er, describe the services provided, the number operam title.	of persons benefited, and o	other relevant info	rmation for	4947(a)(1) trusts; optional			
	_ -	and and and and	(\$2.422)		for ot	ners.)			
	Funded museum curator speakers program at nation Built web site for the publication and archiving of cu			nformation					
	and critical commentary. (\$8,686)	ational articles, exhibition of	aicidais, programi						
		includes foreign grants, ch	eck here	▶ □	28a	11,119			
	Conducted national competition to recognize and su					<u> </u>			
	Grants \$ \$5000) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	5,000			
30	Awarded to museum exhibition grants to support co	lication.		•					
		includes foreign grants, ch		<u>. ▶ 🗆</u>	30a	5,000			
	Other program services (attach schedule)								
		includes foreign grants, ch			31a	0			
32 Part	Total program service expenses (add lines 28a liv List of Officers, Directors, Trustees, and Key				32	21,119			
Part	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation	(d) Contributio	_	(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and			
Sugar	Cummins	devoted to position	enter -0)	delerred compe	nsauon	other allowances			
	aclenda Dr. Tiburon, CA 94920	President, 15 hours	0		0	o			
	von Bargen		·						
	28th Ave W., Seattle, WA 98199	Treasurer, 15 hours	0		0	0			
	n Kempin								
11 Fit	th Ave. Apt. 11-0, New York, NY 10003	Secretary, 5 hours	0		0	0			
-	•••••••••••••••••••••••••••••••••••••••								
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- -									

Form 99	0-EŻ (20 09)		F	age 3
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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	ļ		,
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>38a</u>		-
	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	40b		✓
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 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization of the distriction of the control	206-59		1
h	Located at ► 1805 28th Ave W., Seattle, WA ZIP + 4 ►	98	199	
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	100	7
	If "Yes," enter the name of the foreign country: ▶	1		Ť
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			V	N
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>	Yes	NO
	Form 990-EZ	44		✓
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		✓

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nor 47(a)(1) nonexempt chand 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer question	ll sec ns 46	tion 3-491	0				
	Did the organization engage in direct or indirect					Yes	No				
	candidates for public office? If "Yes," complete				46		1				
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II										
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-chantable related organization?										
	Did the organization make any transfers to an ex	-	ted organization?.		49a 49b		1				
50	Complete this table for the organization's five hi employees) who each received more than \$100,	fficers, directors, t	trustees and k								
	(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 account and other allowances					
51	Total number of other employees paid over \$100 Complete this table for the organization's five I \$100,000 of compensation from the organization	highest compensated inc		ors who each rece	eived	more	than				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Тур	pe of service	(c) Con	npensa	ation				
d Sign Here	Signature of officer	ed this return, including accomp	anying schedules and sta s based on all information	terments, and to the best of which preparer has a 4/15/2	t of my	knowledge	edge e				
	Sally von Bargen, Treasurer Type or print name and title Preparer's	Date	Check if	Preparer's identifying num	ber (See	nstruc	tions)				
Paid Prepare Use On	signature Firm's name (or		self- employed ▶ ☐	. ▶	· · ·						
	address, and ZIP + 4 Phone no ▶										
May the	e IRS discuss this return with the preparer shown	n above? See instructions	3	•	Yes) I P	NO.				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 94 3363896

Art	<u>Jew</u>	elry Forum							94	3	3363896
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	ee instruc	ctions.
The	orga			dation because it is:				-			
1	Ŭ		•	rches, or association	-	-	_	-			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3											
4		A medical re	esearch organiza	ation operated in conj	junction v	with a ho	spital de	scribed i	n sectio i	n 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	\Box	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7				y receives a substanti: (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the general public
8				d in section 170(b)(1)		Complete	Part II.)				
9	Z		·	receives: (1) more the		-	-	m contrib	utions, n	nembershi	ip fees, and gross
		receipts from	n activities relate	ed to its exempt func	tions—su	bject to	certain e	ceptions	, and (2)	no more	than 331/3 % of its
		• •	•	ent income and unre				•		1 511 tax)	from businesses
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)		
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety	. See sec	tion 509	(a)(4).	
11		An organiza	tion organized a	and operated exclusiv	ely for ti	he benefi	it of, to	perform t	he funct	ions of, o	r to carry out the
		purposes of	one or more pul	blicly supported orgai	nızations	describe	d in secti	on 509(a)(1) or se	ction 509(a)(2). See section
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	orting orga	anization	and com	iplete lin	es 11e thr	ough 11h.
		a 🗌 Type	ı b □	Type II c	: 🗌 Typ	e II–Fun	ctionally	integrate	d	d 🗌	Type III-Other
е		By checking	this box, I cert	tify that the organizat	tion is no	ot control	led direc	tly or inc	directly b	y one or	more disqualified
		•	er than foundationsection 509(a)(2)	on managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	scribed in section
						45 - 100	AL - A 14 1-				111
f		_	zation received , check this box	a written determinati		the IRS		a Type	ı, ıypeı 	i, or type	ili supporting
g		•		the organization acce				on from a	iny of the	9	
		following pe		J					•		[L'
			•	r indirectly controls, e		_		th persor	ns descri	bed in (ii)	Yes No
		and (iii) b	elow, the gover	ning body of the sup	ported or	_					11g(i)
				erson described in (i) a							11g(ii)
			-	of a person described							11g(iii)
<u>h</u>				ation about the support							
(i)	Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the organization in organization in organization in								(vii) Amount of support		
		,		above or IRC section		document?	col (i) of your		(i) organized in the		оорро
				(see instructions))				port?		S?	
		_			Yes	No	Yes	No	Yes	No	
						-					
	_	<u> </u>									
			-					<u> </u>			
						-					
Tota	ıł								1		

Pal	(Complete only if you chec					and 170(b)(I)(A)(vi)
_	tion A. Public Support					· · · · · · · · · · · · · · · · · ·	
Ca	lendar 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.")						
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		ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			<u> </u>	l		I
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(2) 2000	(0) 2001	(4) 2000	(0) 2005	(i) rotar
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 .			l			<u></u>
2	Gross receipts from related activities, etc	•	,			12	
3	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
<u>sec</u>	tion C. Computation of Public Su	pport Perce	ntage		<u>.</u>	, , , , , , , , , , , , , , , , , , , 	
4	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
5	Public support percentage from 2008 Sci	nedule A, Part	II, line 14 .			15	%
6a	33% % support test – 2009. If the organiand stop here. The organization qualifies				line 14 is 331/31	% or more, che	eck this box
b	33% % support test – 2008. If the organization quality box and stop here. The organization quality						•
7a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	Explain in Part	IV how the
ь 8	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a diffes as a public	and stop here. Bly supported or	Explain in Part ganization	IV how the

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.)

600	tion A. Public Support	ed the box or	i line 9 of Pa	rt 1.)			 -
	alendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(d) 2009	(a) 2000	(6) Total
Ca	mendar 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.")	7,970	13,800	8,725	24,500	21,000	81,235
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	0	0	27,940	24,700	12,006	64,646
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5							
3	The value of services or facilities furnished by a governmental unit to the	0	o	o	0	0	0
_	organization without charge	7,970	13,800	36,665	49,200	33,006	145,881
6	Total. Add lines 1 through 5	1,310	13,000	30,003	43,200	33,000	143,001
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	o	0	0	0	0	0
С	amount on line 13 for the year	0	- 0	0	0	0	
8	Public support (Subtract line 7c from line 6.)			•			145,881
Sec	tion B. Total Support		Į.	I			143,001
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	7,970	13,800	36,665	49,200	33,006	145,881
10a		.,	,	,	,		
	payments received on securities loans, rents, royalties and income from similar	193	279	550	483	152	1657
	sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	193	279	550	483	152	1,657
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	0	o	0	0	0	0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part IV.)	0	o	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,163	14,079	37,215	49,683	33,158	147,538
14	First five years. If the Form 990 is for to organization, check this box and stop I		n's first, secon		, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column (f))	15	98.9 %
16	Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	<u> </u>		16	98.6 %
Sec	tion D. Computation of Investmen	t Income Pe	rcentage				
17	Investment income percentage for 2009	•		-	olumn (f)) .	17	1 %
18	Investment income percentage from 20					18	1.4 %
19a	33% % support tests – 2009. If the organic 17 is not more than 33% %, check this be						
b	331/2 % support tests - 2008. If the organi	ization did not e	check a box on	line 14 or line	19a, and line 10	is more than 3	331/₃ %, and
	line 18 is not more than 331/3 %, check this	-	_	•			
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	, check this bo	x and see inst	ructions 🕨 🔲

Scriedule A (F	omi 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this pa Part III, line 12. P	art to provide the ex rovide any other add	planations required ditional information.	by Part II, line 10;
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2009 FORM 990-EZ ATTACHMENT

Name of Corporation: Art Jewelry Forum

FEIN: 94-3363896

Part I Line 10

Grants and similar amounts paid

Emerging Artis Award

Sharon Massey \$5,000.00

839 Heberton St. Pittsburgh, PA

Exhibition Grant

Bellevue Arts Museum \$2,500.00

510 Bellevue Way Northeast

Bellevue, WA 98004

Exhibition Grant

Miami University Art Museum \$2,500.00

801 South Patterson Ave.

Oxford, OH 45056 TOTAL \$10,000.00