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## Form **990-EZ**

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 \$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

Open to Public Inspection

OMB No 1545-1150

2009

Α	For the 2009 ca	lendar year, or tax year beginn	ing 6/01	, 2009, and ending			2010
В	Check if applicable	C			D	Employer id	entification number
	Address change	Please use IRS SOUTHERN ARIZO	NA WATERCOLOR GU	ILD		86-09	11124
	Name change	E Telephone number					
<u> </u>	Initial return	type. TUCSON, AZ 857	02			520-5	48-9523
$\vdash$	Termination	Specific instruc-			<u> </u>		<del></del>
$\vdash$	Amended return	tions.			F	Group Ex Number	emption
	Application pending		47/ 14/1		Accounting me		Cash Accrual
	• Section	501(c)(3) organizations and 49 nust attach a completed Sched	4/(a)( i ) nonexempt cnarità lule À (Form 990 or 990-EZ)		Other (specify)		Cusii Acciual
	•		· • · · · · · · · · · · · · · · · · · ·		Check ► X		anization is <b>not</b>
ı	Website: ► V	WATERCOLOR-SAWG.ORG			required to atta	ach Sched	lule B (Form 990,
J	Tax-exempt statu	(check only one) - X 501(c) (	3 ) ◄ (insert no ) 494	7(a)(1) or 527	990-EZ, or 990	-PF).	
K		the organization is not a section	n 509(a)(3) supporting orga				
		m 990-EZ or Form 990 return is				sure to fil	e a complete return.
L	Add lines 5b, 6	b, and 7b, to line 9 to determin	e gross receipts; if \$500,00	0 or more, file Form 99	90		CO CO4
	instead of Forn		ange in Nat Assats	on Fund Palances	(Caa Haa :::	<u>►\$</u>	68,634.
P	<del></del>	enue, Expenses, and Ch		or rung Bajances	(See the ir	1	
		ions, gifts, grants, and similar				1 2	5,323. 39,217.
		service revenue including gove	emment lees and contracts,			3	18,670.
		ship dues and assessments				4	22.
		nt income nount from sale of assets other	than inventory	5a		++	
		nount from sale of assets other st or other basis and sales expe	<u>-</u>	5b		-	
R	1	st or other basis and sales expenses) from sale of assets other than invent		ם מיני		<b>−</b>   5c	
RE VE NU	1	nts and activities (complete applicable		t is from daming check here	, <b>▶</b> □	1 <del>  ~  </del>	
Ě	· '	venue (not including \$	of contribu		·	1	
ַטְ כַּ	1	on line 1)	or continu	l 6al	4,49	, [ ]	
	1 '	ect expenses other than fundra	icing avnancac	6b	4,27		
-	1	or (loss) from special events and activ	- ·		4,21.	6c	224.
<b>J</b>		les of inventory, less returns ar		/   7a	•	"	
_	1	st of goods sold	ia anomariood	7b		<b>⊣</b>	
5	4	ofit or (loss) from sales of inver	ntory (Subtract line 7b from			76	
)		ue (describe - SEE STATEM			١	8	905.
<b>ו</b>		enue. Add lines 1, 2, 3, 4, 5c, 6				▶ 9	64,361.
ļ—		nd similar amounts paid (attach		SEE STAT	EMENT 2	10	975.
;		nd similar amounts paid (attact paid to or for members	-	SEE SIAL	., 2 INITIA	11	313.
Ê		other compensation, and emp	lovee henefits			12	
) ĝ	13 Profession	anal fees and other navments to	nundenendent contractors	LIVED		13	5,130.
EXPENSE	14 Occupan	cv rent utilities and maintens	nce Contraction			14	5,780.
	15 Printing,	onal fees and other payments to cy, rent, utilities, and maintena publications, postage, and ship	oping ITI SED	<b>2 9</b> 2010   S		15	15,135.
S		ises (describe - SEE STATEM	1,00	<b>2 9</b> 2010	)	16	45,623.
		penses. Add lines 10 through 1		182		► 1 <del>7</del>	72,643.
		or (deficit) for the year (Subtrac				18	-8,282.
,	\!				with and of you		-,
N E T	19 Net asse	ts or fund balances at beginnin ported on prior year's return)	y or year (iron line 27, coll	anin (A)) (must agree v	viui eiiu-oi-yea	"   19	119,727.
Ť!		anges in net assets or fund bal	ances (attach explanation)			20	<del></del>
;	21	ts or fund balances at end of y		ıgh 20		<b>►</b> 21	111,445.
P		ance Sheets. If Total assets			e Form 990 ins	stead of F	orm 990-EZ
		(See the instruction			<b>)</b> Beginning of		(B) End of year
2	2 Cash, saving	s, and investments			117,8		109,130.
2	3 Land and bu	<u> </u>				23	
2	4 Other assets	(describe ► SEE STATEM	ENT 4		1,8		2,315.
2	5 Total assets				119,7		111,445.
2		es (describe >	)			0. 26	0.
_2	7 Net assets o	r fund balances (line 27 of colu	mn (B) <b>must</b> agree with line	e 21)	119,7	27. <b>27</b>	111,445.
BA	A For Privacy	Act and Paperwork Reduction	Act Notice, see separate in:	structions.			Form <b>990-EZ</b> (2009)

Par	<u>t III Statement (</u>	<u>of Program Se</u>	rvice Accomplishments	See the instruction	ons.)		Expenses
What i	is the organization's primary e	exempt purpose? SE	E STATEMENT 5			(Reg   5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	cribe what was achieved	in carrying out the	e organization's exempt purpo persons benefited, or other re	ses. In a clear and con	cise manner,	orgai	nizations and section
desc	ribe the services provid ram title	led, the number of	persons benefited, or other re	elevant information for e	each	494/	(a)(1) trusts; optional thers)
		TCMED TO DET	ELOP AND ENHANCE W	INTERCATOR CETT	T.C. A	101 0	ulcis)
28			ETOB WIND FINHWINCE M	HIERCOLOK SVIT	LS; 4	ł	
	WORKSHOPS HELI	D_IN_2009				ļ	
	(Grants \$	) If th	is amount includes foreign gra	ants, check here	▶	28 a	22,550.
29	MONTHLY NEWSLE	ETTER FOR ME	MBERS INFORMING TH	EM OF GUILD AC	HIEVEMENTS		
	AND PROGRAMS.					1	
	(Outside &					29 a	9,188.
	(Grants \$		is amount includes foreign gra		VI COULOUT	25 a	3,100.
30			WARD ARTISTIC ACHI				
	SENIORS. 2009	<u>SCHOLARSHIE</u>	S TOTALING \$975 PA	<u> </u>	<u></u>		
				<b></b>			
	(Grants \$		is amount includes foreign gr	ants, check here	<u> </u>	30 a	975.
31	Other program service	es (attach schedule	SEE STATEMENT 6				
	(Grants \$	) If th	is amount includes foreign gra	ants, check here	▶	31 a	
32	Total program service	expenses (add lin	es 28a through 31a)		<b>&gt;</b>	32	32,713.
Par	t IV List of Office	cers, Directors	, Trustees, and Key Em	ployees. List each o	ne even if not cor	npens	ated. (See the instrs.)
		-	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and a	ddress	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	TRANCE		to position		deferred compensa		
	BRA IRONS		PRESIDENT			0.	0.
<u>PO</u>	BOX 145		5.00				
TUC	CSON, AZ 85702						
JUI	OY PROBST		VICE PRESIDENT	0.		0.	0.
PO	BOX 145		5.00				
	CSON, AZ 85702						
$\overline{}$	RY KRAMER		VICE PRESIDENT	0.	<del></del>	0.	0.
				1		υ.	0.
	BOX 145		5.00				
	CSON, AZ 85702						
	RRY WERTHEIMER		SECRETARY			0.	0.
PO	BOX 145		5.00				
TUC	CSON, AZ 85702						
ELI	IZABETH CONRAD		TREASURER	Ö.		0.	0.
	BOX 145		5.00				
	CSON, AZ 85702						
100	DON, 112 05/02						
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BAA	1		TEEA0812L (	01/30/10			Form <b>990-EZ</b> (2009)

86-0911124

Page 2

Form 990-EZ (2009) SOUTHERN ARIZONA WATERCOLOR GUILD

of Form 990-EZ

Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'

44

Form 990-EZ (2009)

Х

Form 990-EZ (2009) SOUTHERN ARIZONA WATERCOLOR GUILD 86-0911124 Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Yes No Х 46 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X 48 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? **b** If 'Yes,' was the related organization a section 527 organization? 49 b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (d) Contributions to employed benefit plans and deferred compensation (b) Title and average hours per week devoted to position (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, 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, offrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature o Here easures be7h Type or print name and title Preparer's Identifying Number Check if self-10/10 Preparer's Paid signature JAN FLANAGAN P00029578 employed

PLLC

TEEA0812L 01/30/10

86-0968059

795-7000 ►X Yes

Form 990-EZ (2009)

No

(520)

EIN

Phone no ►

FLANAGAN CPA GROUP

AZ 85716-1518

2990 E FORT LOWELL RD

May the IRS discuss this return with the preparer shown above? See instructions

THE

TUCSON

Firm's name (or

yours if self-employed), address, and ZIP + 4

Pre-

Use

Only

BAA

parer's

#### 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.

2009

2003

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer Identification number

SOU'	THERN ARIZONA V	VATERCOLOR GUI	LD					86-09	911124	<u> </u>	
Part	I Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) See	instruc	tions	_
The o	rganization is not a priv	ate foundation becaus	se it is: (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)				_
1	A church, convente	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	XAXi).				
2	A school described	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or coope	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research	organization operate	d in conjunction with a ho	spital d	escribed	ın <b>secti</b>	on 170	ъхлхах	(iii). Ente	er the hospital's	
	name, city, and sta	ite								,	
5	An organization open 170(b)(1)(A)(iv). (C	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or	local government or g	jovernmental unit describ	ed in <b>se</b>	ction 17	<b>′0(Ь)(1)(</b>	A)(v).				
7	in section 170(b)(1)	<b>(A)(vi).</b> (Complete Pa	•		_	ernment	tal unit	or from 1	he gene	ral public described	
8	_		<b>70(b)(1)(A)(vi).</b> (Complete		-						
9	from activities relat	ed to its exempt funct	1) more than 33-1/3 % of ions – subject to certain ss taxable income (less s implete Part III)	exception	ns, and	(2) no r	nore th	an 33-1/	3 % of it	s support from gross	<b>5</b>
10	An organization org	ganized and operated	exclusively to test for put	olic safe	ty See	section !	509(a)(4	l).			
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of . See <b>s</b>	, or carr <b>ection 5</b> 6	y out the 09(a)(3).	purposes of one or Check the box that	
	<b>a</b> Type I	<b>b</b> Type II	<b>c</b> Type III	l – Fund	tionally	ıntegrat	ed		d 📙	Type III- Other	
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the organized and other than	ganization is not controlle n one or more publicly su	ed direct pported	ly or ind organiz	irectly by ations d	y one o escribe	r more o d in sect	lisqualifi ion 509(a	ed persons other a)(1) or section	
f	If the organization in the check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,	
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition froi	n any of	f the fol	lowing p	ersons?		
										Yes N	0
			controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)	
	•	ber of a person desc	•					•		11 g (ii)	_
	• • • • • • • • • • • • • • • • • • • •	•	described in (i) or (ii) ab	ove?						11 g (iii)	_
h	• •	•	ne supported organization							118(/)	_
	(1) Name of Supported	(I) EIN	(III) Type of organization	T	s the	(v) Did y	ou potify	(vi)	s the	(vii) Amount of Support	
	Organization	un Liiv	(described on lines 1-9 above or IRC section (see Instructions))	organizat (I) listed gove	ion in col d in your erning ment?	the organ	ıızatıon in (I) of		on in col	(Sil) Amount of Support	
				Yes	No	Yes	No	Yes	No		
											_
					ł						
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					<u></u>						
					1						
Total BAA	For Privacy Act and Paperw	ork Reduction Act Notice.	see the Instructions for Form	990 or 990	-EZ.		<u> </u>	Schedul	e <b>A</b> (For	m 990 or 990-EZ) 20	)09

Par	t II Support Schedule for	Organizations	s Described i			nd 170(b)(	1)(A)		age Z
Sac	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)	· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year			<del></del>	<u> </u>	I			
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Tota	al 
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						i		
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4								_
	tion B. Total Support			T	1	1		<del>- , ,</del>	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Tota	al 
7	Amounts from line 4			_					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions).	•		L	12		
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501	(c)(3)		▶ □
	Bublic support percentage for 20			a 11 column (6			14		•/
	Public support percentage for 20 Public support percentage from 2	•	•	e i i, columii (i)		<u>}</u>	14 15		<u>%</u> %
	33-1/3 support test – 2009. If the and stop here. The organization	organization did	not check the box		the line 14 is 33-1	/3 % or more		k this box	▶ □
t	33-1/3 support test - 2008. If the and stop here. The organization	organization did	not check a box of	on line 13, or 16a.	, and line 15 is 33-	1/3% or more	e, che	ck this box	<u> </u>
17 &	10%-facts-and-circumstances terms or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop here	<b>.</b> Explain in F	Part IV	' how	<b>-</b>
	o 10%-facts-and-circumstances te or more, and if the organization or organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this zation qualifies as	box and <b>stop here</b> a publicly suppor	Explain in F ted organizat	Part IV ion.	how the	<b>&gt;</b>

#### Part II Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on line	e 9 of Part I.)		<del> </del>		<del></del>
<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	30,956.	24,439.	43,952.	25,482.	23,993.	148,822.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	38,849.	43, 186.	79,669.	51,924.	39, 217.	252,845.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	69,805.	67,625.	123,621.	77,406.	63,210.	401,667.
7 a	Amounts included on lines 1, 2, 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 1% of the amount on line 13 for the		0		0		
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)	L		<u></u>			401,667.
	tion B. Total Support		3				
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	<b>(f)</b> Total
9	Amounts from line 6	69,805.	67,625.	123,621.	77,406.	63,210.	401,667.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	294.	273.	228.	105.	22.	922.
Ė	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	234.	273.	220.	103.		0.
	Add lines 10a and 10b	294.	273.	228.	105.	22.	922.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	229.	236.	552.	390.	905.	2,312.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	965.	6,463.	6,876.	5,512.	4,497.	24,313.
12	Total support. (add ins 9, 10c, 11, and 12)	303.	0, 100.	5,0,0.	3,312.	1, 13, 1.	429,214.
	First five years. If the Form 990 is organization, check this box and	s for the organizat stop here	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u>423,214.</u> ►
Sec	tion C. Computation of Pu		Percentage			_	
15	Public support percentage for 20			13, column (f))		15	93.6%
16	Public support percentage from 2	2008 Schedule A, F	Part III, line 15			16	94.4%
	tion D. Computation of Inv			e	-	<del></del>	
17	Investment income percentage for				n (f))	17	0.2%
18	Investment income percentage fr		2.2	=	VII	18	0.3%
	<b>a 33-1/3 support tests</b> — <b>2009.</b> If the more than 33-1/3%, check this bo	e organization did	not check the box	x on line 14, and	line 15 is more th	an 33-1/3%, and li	
k	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	e organization did	not check a box	on line 14 or 19a,	and line 16 is moi	re than 33-1/3%, a	
		•		l 19a or 19b che			

Schedule .	<b>A</b> (Form 990 or	990-EZ) 2009	SOUTHERN	ARIZONA	WATERCOL	OR GUILD	86-0911124	Page 4
Part IV	Suppleme	ntal Informat	ion. Comple	te this pa	rt to provide	the explana	ations required by Part II, I onal information. See instr	line 10:
<u> </u>	Part II, line	e 17a or 17b;	and Part III,	line 12. F	Provide any	other addition	onal information. See instr	uctions.
		<del></del>					<del></del>	
			_			_		
				_		_		

2009 .

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

## **SOUTHERN ARIZONA WATERCOLOR GUILD**

86-0911124

<b>PART III, LINE</b>	<b>12 - OTHER</b>	<b>INCOME</b>
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NATURE AND SOURCE	<u> </u>	2009	2008	2007	2006	2005
SPECIAL EVENTS		4,497.	5,512.	6,876.	6,463.	965.
	TOTAL	\$ 4,497.	\$ 5,512.	\$ 6,876.	\$ 6,463.	\$ 965.

2009	FEDERAL STATEMENTS		PAGE 1
	SOUTHERN ARIZONA WATERCOLOR GUILD		86-0911124
STATEMENT 1 FORM 990-EZ, PART I, LINE OTHER REVENUE	E 8		0.65
MISCELLANEOUS INCOME ADVERTISING INCOME		total \$	865. 40. 905.
STATEMENT 2 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AM	E 10 IOUNTS PAID		
DONEE'S NAME:	VARIOUS SCHOLARSHIP RECIPIENTS TUCSON, AZ,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	975.
STATEMENT 3 FORM 990-EZ, PART I, LINE OTHER EXPENSES  ADVERTISING AND PROMOT AWARDS BANK CHARGES DEPRECIATION DUES & SUBSCRIPTIONS INSTRUCTORS' FEES INSURANCE JUDGING		\$	656. 2,700. 287. 8,357. 325. 12,025. 2,312. 510.
LICENSES & FEES LIFE DRAWING CLASSES MEALS MISCELLANEOUS REGISTRATIONS STORAGE SUPPLIES TRAVEL		TOTAL <u>\$</u>	10. 550. 3,435. 1,529. 170. 3,248. 2,305. 7,204. 45,623.
STATEMENT 4 FORM 990-EZ, PART II, LIN OTHER ASSETS	IE 24		
ARTWORK PREPAID EXPENSES AND I	\$	1,462. \$ 405. 1,867. \$	1,962. 353. 2,315.

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2009 .

### FEDERAL STATEMENTS

PAGE 2

SOUTHERN ARIZONA WATERCOLOR GUILD

86-0911124

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATIÓN'S PRIMARY EXEMPT PURPOSE

GUILD TO STIMULATE MEMBERS IN WATERCOLOR ARTS.

STATEMENT 6 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**PROGRAM** 

DESCRIPTION

GRANTS

SERVICE **EXPENSES** 

ART SHOWS TO DISPLAY ART, REWARD EXCELLENCE AND STIMULATE COMMUNITY INTEREST; TWO LARGE ONGOING SHOWS EVERY YEAR PLUS SMALLER SHOWS; AWARDS TOTALING \$3429 IN 2008; SPONSORSHIP OF WESTERN FEDERATION SHOW HELD EVERY 10 YEARS IN TUCSON

INCLUDES FOREIGN GRANTS: NO

MEMBERS' ASSISTANCE FUND PROGRAM IS DESIGNED TO SUPPORT NEEDY MEMBERS. IT WILL PAY DUES OR SHOW ENTRY FEES FOR MEMBERS WHO WOULD NOT OTHERWISE BE ABLE TO MAINTAIN THEIR MEMBERSHIP OR PARTICIPATE IN GUILD SHOWS.

INCLUDES FOREIGN GRANTS:

TOTAL \$

0.

#### **STATEMENT 7** FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO