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Form **990-EZ**

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) Sponsonng 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

2009

OMB No 1545-1150

Open to Public

Inter	nal Reve	nue Service		▶ The organizat	tion may have to use a co	py of this return to sa	tisfy state	e reporting requirements			inspection
A	For the	2009 calend	lar year, o	r tax year beginning	07/01/09	, and ending (06/3	0/10			
В	Check If	applicable	Please	C Name of organizatio					D	Emplo	yer identification number
	Address	change	use IRS	•						·	•
	Name ch	•	label or	AUSTIN ARE	A QUILT GUI	ILD				74-	2783499
-1	Initial ret	-	print or type.		O box, if mail is not deliv		s)	Room/suite	F		hone number
	Termina		See	POB 5757			-,	1	_		-448-5152
H	Amende	4	Specific	City or town, state or cou	entry and ZIP + 4		-		F		Exemption
H		on pending	Instruc- tions.	AUSTIN	may, and zin . T	TX 787	63-5	757		Numb	
(_ <u>'</u> _				ations and 4947(a)(1)	nonexempt charitab			G Accountin	n met		X Cash Accrual
	• 000	55 1(5)(5)	•	pleted Schedule A (F	•	io tradio madi att		Other (specify)	٠.	1100	7,00,000
	Websit	e· b WW		QG.ORG	<u> </u>					of the c	organization is not
		mpt status (ch		(==)	3) ∢ (insert no)	4947(a)(1) or	. [527 required to 990-EZ, of	o atta	ch Sche	organization is not dule B (Form 990,
_	Check			anızatıon is not a secti							
••				urn is not required, but							10 than \$20,000 71
$\overline{}$				determine gross receipts					, 1014	<u>▶</u> \$	79,878
_	art I			penses, and Char					uctio		
<u> </u>	1			s, and similar amounts rec		to or runa bi	alanice	es (occ the man	T	1	37,978
	'2			nue including governm		le.			F	2	25,737
	l _	•			ient lees and contract		_ St	tatement 1	-	3	12,988
	3	•		d assessments		56	e 50	acement 1	H	4	477
	4	Investment i		ola af annata athau thau		1	ا ءء		ŀ	-+	311
	5a			ale of assets other than	•	}	5a		\dashv		
	b			sis and sales expense		l 50)	5b		\dashv		
•	ي ا	• •		f assets other than invento	• •	•		ank bana	₁	5c	
Revenue	6			ies (complete applicable p			ning, cn	eck nere	J		
ě	a	Gross reven	•	cluaing \$	or c	contributions i	ا م				
Ř	١.	reported on	•			-	6a		\dashv	-	
	b		•	other than fundraising			6b		\dashv		
	C C		, ,	rom special events and	•	ine od trom line oa 	´ _ 1		-	6c	
	7a			ory, less returns and al	lowances	-	7a			- 1	
	b	Less cost of	•		(O.) =1.f	. <u>-</u> .	7b			_ 1	
	C			rom sales of inventory		n line 7a)			. }	7c	2 600
	8			be > See St						8	2,698 79,878
	9			nes 1, 2, 3, 4, 5c, 6c, 7						9	19,610
	10			ounts paid (attach sch	iedule)				ŀ	10	
	11	Benefits par							ŀ	11	
es	12	•	•	ensation, and employee					ŀ	12	16,423
Expens	13			other payments to ind	ependent contractors				}	13	
×	14			ies, and maintenance					}	14	9,673
ш	15			postage, and shipping					. }	15	7,127
	16			cribe ▶ See St	latement 3					16	36,427
	17			lines 10 through 16						17	69,650
et Assets	18			the year (Subtract line					-	18	10,228
Assets	19			lances at beginning of	•	ılumn (A)) (must a	gree wit	th	-		00 505
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-		orted on prior year's re	•		- 01			19	92,587
ž Š	20	REPER		assets or fund balance lances at end of year	s (attach explanation) Se	e st	tatement 4	.	20	72
) — <u>—</u>									<u> </u>	21	102,887
<u> </u>	Partill			f Total assets on		re \$1,250,000 or n	nore, fil			m 990- T	
ā	18	AUG 1 6 savings, and i	2010	(See the instructions	tor Part II)		-	(A) Beginning of yea			(B) End of year
P 222	1 1		investmer	8			-	96,2	<u> </u>	22	102,548
)) ²³		nd buildings	} ~~ } }	Andread of the Control of the Contro	- -		_ <u> </u>		7	23	
,		assets (descri	be CP	See State	nent 5		—)├		<u>70</u>	24	339
	Total a			0 0:			F	96,5	$\overline{}$	25	102,887
		iabilities (des		See State			—)├	4,0		26	100 005
27	Net as	sets or fund	b <u>alanc</u> es	(line 27 of column (B)	must agree with line	21)		92,5	<u>87</u>	27	102,887

DAA

	AREA QUILT GUILD		-2783499			Page 2
Part III Statement of Pro	gram Service Accomplishmer	nts (See the instructi	ons for Part III	.)	Exp	oenses
What is the organization's primary exen	npt purpose?			(F	equired f	for section
PROMOTE THE ART OF QUILTMAK						ind 501(c)(4)
	out the organization's exempt purpose				-	ns and section
manner, describe the services provided	, the number of persons benefited, or of	ther relevant information fo	r	49	47(a)(1)	trusts, optional
each program title				fo	r others)	
28 See Statement 7					1	
36.94	E		_	_ l _	ļ	26 045
	5) If this amount includes foreign gran	its, check here		28a	 	36,845
29 See Statement 8						
					ļ	
(Grants \$ 15)	1) If this amount includes foreign gran	ate chack hara		29a		151
30 See Statement 9	1) II tills amount includes loreign gran	its, check here		250	 	
30 See Statement 9						
(Grants \$ 71	0) If this amount includes foreign gran	nts check hore	•	□ 30a		710
31 Other program services (attach sch		na, onock tioro)_ 000		
(Grants \$) If this amount includes foreign gran	nts check here	•	31a		31,945
32 Total program service expenses (no, onder nore		32		69,651
	tors, Trustees, and Key Employees. L	ist each one even if not co	mpensated (See t		ons for F	
		(b) Title and average	(c) Compensation	(d) Contrib	outions to	(e) Expense
(a) N	ame and address	hours per week devoted to position	(If not paid, enter -0-)	employee ben deferred com		account and other allowances
BARBARA GARNER	AUSTIN	PRESIDENT				
8704 OAK LEDGE DR	TX		0	l	o	
DIANE MCGOWAN	AUSTIN	1ST VP				
POB 5757	TX		0		o	
MARGARUITE COOKE	AUSTIN	2ND VP				
810 W LIVE OAK	TX		0		0	
SHARON COLE	AUSTIN	3RD VP				
2009 CALLE CALICHE	TX		0		0	
CAROL MCKENZIE	AUSTIN	RECORDING SE				
12813 WINDING CREEK	TX				0	
STACIA DEBILL	AUSTIN	TREASURER			ĺ	
9102 SAN DIEGO RD	TX		0		0	
NANCY CORCORAN	AUSTIN	BEE COORD.				
3606 SADDLESTRING TRAIL	TX		0	<u> </u>	0	
DEANA TOLLERTON	AUSTIN	LIBRARIAN				
13224 MARRERO DR	TX		0		0	
FRANCES LEDENBACK	AUSTIN	NEWLETTER ED	_			
3204 AZTEC CAVE	TX		0		0	
ELIZABETH KELLER	AUSTIN	SPECIAL EVEN			ا	_
8901 LA FAUNA PATH	TX	GODD 070	0	<u> </u>		
INEZ EPPRIGHT	AUSTIN TX	CORR. SEC.	0	\	ا	,
5220 VALLEY OAK DR				-		
				ŀ		
						
		-				
				1		
				<u></u>		
			· ·- 			
					1	

Form **990-EZ** (2009)

Pa	art V . Other Information (Note the statement requirements in the instructions for F	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not re	oorted			
	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				Ī
_	6033(e) notice, reporting, and proxy tax requirements?		35a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.				
b	Did the organization file Form 1120-POL for this year?		37ь		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		313		
000	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	1	х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1			
39	Section 501(c)(7) organizations. Enter		1		
а	Initiation fees and capital contributions included on line 9 39a				
b	Gross receipts, included on line 9, for public use of club facilities 39b		1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		1		
704	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benef	it			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	•	•		Ī
	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		x
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				
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		Х
41	List the states with which a copy of this return is filed None				
42a		elephone no			
	9102 SAN DIEGO RD	·			
	Located at ▶ AUSTIN, TX	ZIP+4 ▶ 787	31-	126	1
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		X
	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.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S?		42c		X
	If "Yes," enter the name of the foreign country				
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	▶ 43			
		 _			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		<u> </u>
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		X
		F	orm 99	0-EZ	(2009)

candidates for public office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization a section 527 organization? 49 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" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Title and average hours per week hours per we	Yes No X X X X X xexpense unt and
candidates for public office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization a section 527 organization? 49 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" (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 other accordance of the position of the p	X X X X
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating 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-charitable related organization? If "Yes," was the related organization a section 527 organization? 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" (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 other according to the position of the positi	X X X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a If "Yes," was the related organization a section 527 organization? 49b 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" (a) Name and address of each employee paid more hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee benefit plans & deferred compensation other according to the position (d) Contributions to employee the position of the position (d) Contributions to employee the position of the position (d) Contributions to employee the pos	XXX
b If "Yes," was the related organization a section 527 organization? 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" (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 other accordance.	X
b If "Yes," was the related organization a section 527 organization? 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" (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 other at accordance.	xpense
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" (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 other at the compensation of the complex of the compensation of the comp	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (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 & account of the employee benefit plans & deferred compensation other account of the employee benefit plans & deferred compensation.	
(a) Name and address of each employee paid more hours per week than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & according to deferred compensation other at	
than \$100,000 routs per week employee belief plans a accordance of the position deferred compensation other a	int and
	llowances
	101111111111111111111111111111111111111
f Total number of other employees paid over \$100,000	
51 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	tion
None	
d Total number of other independent contractors each receiving over \$100,000	
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 Sign Signature of officer Date	
Stacia DeBill Ireasurer Type or print name and utle	
Date Check if Preparer's Identifying Num	ber (See instr)
Preparer's self-	
Paid Preparer's signature 08/09/10 employed ▶ P00125891	
Paid Preparer's signature Preparer's Firm's name (or yours W. Bret Garner, CPA Preparer's Firm's name (or yours W. Bret Garner, CPA EIN ▶	
Paid Preparer's signature Preparer's Signature W. Bret Garner, CPA Use Only If self-employed, or yours if self-employed, or self-employed ▶ □ P00125891 Phone Preparer's Signature W. Bret Garner, CPA Self-employed ▶ □ P00125891 Phone	-4433
Paid Preparer's signature Preparer's Firm's name (or yours W. Bret Garner, CPA Preparer's Firm's name (or yours W. Bret Garner, CPA EIN ▶	

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

AUSTIN AREA QUILT GUILD

Employer identification number 74-2783499

Pi	art l	Reaso	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	structio	ns.		
Гће	orga	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	eck only o	ne box)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			e organization described in secti	ion 170(b)(1)(A)(iii)							
4		•		in conjunction with a hospital de	•)(A)(iii).	Enter ti	he hosp	ıtal's name.		
		city, and state											
5		-		a college or university owned or	r operated	bv a gov	ernment	al unit d	escribe	d in			
_	ш	-)(1)(A)(iv). (Complete Part II	•		-, - 3-							
6	\Box	•		, vernmental unit described in se c	ction 170	b)(1)(A)(v	Λ.						
7	H			ubstantial part of its support from		, , .	-	m the as	eneral n	ublic			
•	ш	•	section 170(b)(1)(A)(vi). (Cor	•	. a govo		0 0.	o g	moral p	ubc			
8				0(b)(1)(A)(vi). (Complete Part II)								
9	X	· ·		more than 33 1/3 % of its suppo	-	ontribution	s. memb	pership i	ees. an	d gross			
•		=		t functions—subject to certain e						-			
		•	,	I unrelated business taxable inc	-	• •							
		.,	-	, 1975 See section 509(a)(2). (
10				xclusively to test for public safet			(a)(4).						
11	П	•	•	xclusively for the benefit of, to pe	-			carry o	ut the				
		•	•	d organizations described in sec				•		ction			
				e type of supporting organization									
		a Type		c Type III–Functiona			d [\neg	e III–Otl	her			
е							or more	disqua	lified				
	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 organiza	ation received a written deter	mination from the IRS that it is a	Type I, T	ype II, or	Type III s	supporti	ng				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	ion from a	ny of the							
		following per	sons?										
		(i) A person	who directly or indirectly cor	itrols, either alone or together w	ıth person	s describ	ed in (11)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ıı)	L	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)		
h		Provide the f	ollowing information about th	e supported organization(s)									
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	(v) Did y			ls the	(vii) Am		
	org	ganization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	the organ	ization in of your	organızat	zed in the	supp	ort	
				(see instructions))	governing	- Cooument	supp	ort?		S?			
					Yes	No	Yes	No	Yes	No			
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Tota	al				1	<u> </u>		L	<u> </u>				

Sch	edule A (Form 990 or 990-EZ) 2009 AUS					-2783499	
P	art II. Support Schedule for O	rganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and 1	170(b)(1)(A)(v	/i)
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	ction A. Public Support						
Ca	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")						
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						
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						
Sec	ction B. Total Support	·=·	-				
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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						
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						
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, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						•
Sec	ction C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	%
16a	33 1/3 % support test—2009. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	1/3 % or more, ch	eck this box	· ·
	and stop here. The organization qualifies a	as a publicly suppor	rted organization				>
b	33 1/3 % support test—2008. If the organi	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualif						▶ [
17a	10%-facts-and-circumstances test—2009	9. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	s as a publicly supp	orted organization		▶ [

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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you che	ecked the box of	on line 9 of Pa	rt I.)	,		
	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")	4,573	18,638	11,732	14,433	12,988	62,364
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	29,328	37,945	44,168	153,352	66,413	331,206
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	33,901	56,583	55,900	167,785	79,401	393,570
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		····			-	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						393,570
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	33,901	56,583	55,900	167,785	79,401	393,570
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,034	1,845	3,605	1,625	477	8,586
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,034	1,845	3,605	1,625	477	8,586
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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,				!		
	and 12)	34,935	58,428		169,410	79,878	402,156
14	First five years. If the Form 990 is for the	_	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	. ┌
Sec	organization, check this box and stop here stion C. Computation of Public Su		200				
15	Public support percentage for 2009 (line 8,			(6)		15	97.87%
16	Public support percentage from 2008 Sche	* *	•	(1))		16	97.72%
	tion D. Computation of Investme				<u> </u>	01	31.12/0
17	Investment income percentage for 2009 (lin			column (fl)		17	2 %
18	Investment income percentage from 2008		·	(1//		18	2 %
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	ore than 33 1/3 %		
b	17 is not more than 33 1/3 %, check this be 33 1/3 % support tests—2008. If the organ	ox and stop here. T nization did not che	he organization qu ck a box on line 14	ialifies as a publicly or line 19a, and lir	y supported organia ne 16 is more than	zation 33 1/3 %, and	▶ [3
22	line 18 is not more than 33 1/3 %, check the	·	-	-			P
20	Private foundation. If the organization did	not check a box on	iine 14, 19a, or 19	o, cneck this box a	ina see instructions	5	

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Schedule A (Form 990 or 990-EZ) 2009 AUSTIN AREA QUILT GUILD 74-2783499

Part IV. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. 74-2783499

Federal Statements

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FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		 Amount
MEMBERSHIP	DUES	\$ 12,988
Total		\$ 12,988

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
NEWSLETTER ADS	\$ 2,560
LIBRARY FINES	 138
Total	\$ 2,698

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Office	69
Insurance	500
LIBRARY ADMINISTRATION	144
OFFICE ADMINISTRATION	547
FABRIC - BABY BUNDLES	465
BUS RENTAL	3,715
GIFT OF QUILTING WORKSHOP	245
HOSPITALITY	49
QUILT CHALLENGE	55
QUILT SHOW	10,608
SOLDIERS QUILTS	151
EDUCATIONAL RETREATS	16,470
MISCELLANEOUS	1,359
AWARDS	650
YEARBOOK	1,400
Total	\$ 36,427

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Am	ount
PRIOR PERIOD ADJUSTMENT	\$	72
Total	\$	72

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	ginning Year	 End of Year
Prepaid Expenses and Deferred Charges	\$ 370	\$ 339
	 370	339

·08AAQG AUSTIN AREA QUILT GUILD

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Federal Statements

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FYE: 6/30/2010

Description		Beginning of Year		End of Year
OTHER LIABILITIES	\$	4,000	\$	
		4,000		

Federal Statements

FYE: '6/30/2010

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<u>Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service</u> Accomplishments

Description

THE AAQG PROMOTES EDUCATION ABOUT THE ART OF QUILTMAKING AND THE PRESERVATION OF QUILTS BY MEANS OF WORKSHOPS AND PROGRAMS OFFERED TO IT'S MEMBERS AND THE PUBLIC. THE GUILD ORGANIZED VARIOUS WORKSHOPS, A SHOW, 2 RETREATS AND BUS TRIPS

<u>Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service</u> Accomplishments

Description

AAQG MEMBERS DONATED QUILTS TO SUPPORT US MILITARY AND THEIR FAMILIES THROUGH OPERATION HOMEFRONT AND WOUNDED SOLDIERS AT BROOKE ARMY MEDICAL CENTER IN SAN ANTONIO TEXAS.

Statement 9 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

AAQG PROMOTES THE TRADITIONS AND LOVE OF QUILTING BY MAKING AND GIVING QUILTS TO FAMILIES IN NEED. ABOUT 300 FAMILIES WERE EXPOSED TO THE ART & LOVE OF QUILTING THROUGH QUILT OUTREACH.