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# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

2010

Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning**

, and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>ARTSBRIDGE, INC.</b> <small>Number and street (or P O box, if mail is not delivered to street address)</small> <b>P. O. BOX 1706</b>	<b>D Employer identification number</b> <b>55-6028450</b>
	<small>City or town</small> <b>PARKERSBURG</b>	<small>Room/suite</small> <small>state or country</small> <b>WV</b>
		<small>ZIP + 4</small> <b>26102</b>
		<b>E Telephone number</b> <b>304-428-3988</b>
		<b>F Group Exemption Number</b> <b>►</b>
<b>G Accounting Method</b>	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	<b>Other (specify)</b> ► _____
<b>I Website:</b> ► <a href="http://www.artsbridgeonline.org">www.artsbridgeonline.org</a>		
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000</b> A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return		
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ► \$ <b>198,782</b>		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I  X

Revenue		1	172,191
1 Contributions, gifts, grants, and similar amounts received		2	26,559
2 Program service revenue including government fees and contracts		3	
3 Membership dues and assessments		4	32
4 Investment income		5c	0
5a Gross amount from sale of assets other than inventory	5a		
b Less cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	198,782
Expenses	►	10	18,500
10 Grants and similar amounts paid (list in Schedule O)		11	
11 Benefits paid to or for members		12	89,903
12 Salaries, other compensation and employee benefits		13	11,370
13 Professional fees and other payments to independent contractors		14	21,569
14 Occupancy, rent, utilities, and maintenance		15	1,252
15 Printing, publications, postage, and shipping		16	50,250
16 Other expenses (describe in Schedule O)		17	192,844
17 Total expenses. Add lines 10 through 16		18	5,938
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		19	35,089
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		20	
20 Other changes in net assets or fund balances (explain in Schedule O)		21	41,027
21 Net assets or fund balances at end of year. Combine lines 18 through 20			

**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II.

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	59,106	60,756
23	Land and buildings	5,136	3,183
24	Other assets (describe in Schedule O)	1,555	1,621
25	<b>Total assets</b>	<b>65,797</b>	<b>65,560</b>
26	<b>Total liabilities (describe in Schedule O)</b>	<b>30,708</b>	<b>24,533</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>35,089</b>	<b>41,027</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? See attached

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part IV.

**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
**33**  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No   
**34**  X

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, explain in Schedule O why the organization did not report the income on Form 990-T Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
**35a**  X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? Yes  No   
**35b**  X

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 Yes  No   
**36**  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**  NA Yes  No   
 b Did the organization file Form 1120-POL for this year? Yes  No   
**37b**  X

38 a 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 tax year covered by this return? Yes  No   
**38a**  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
**38b**  NA

39 Section 501(c)(7) organizations. Enter: Yes  No   
 a Initiation fees and capital contributions included on line 9 Yes  No   
**39a**  NA

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
**39b**  NA

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **NA**, section 4912 ► **NA**, section 4955 ► **NA** Yes  No   
 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No   
 c 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 ► **NA** Yes  No   
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **NA** Yes  No   
 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 Yes  No   
**40e**  X

41 List the states with which a copy of this return is filed ► Yes  No 42 a The organization's books are in care of ► John Hoffman Telephone no ► 304-428-3988  
 Located at ► 925 Market Street City Parkersburg ST WV ZIP + 4 ► 26102

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► Yes  No 

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.? Yes  No If "Yes," enter the name of the foreign country ► Yes  No 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 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
**44a**  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
**44b**  X

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**44c**  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No   
**44d**  NA

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI 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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?

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"

	Yes	No
47		X
48		X
49a		X
49b		X

(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
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			

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"

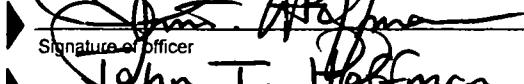
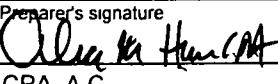
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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 Here	► 	7/12/11
	Signature of officer John T. Hoffman, Executive Director	Date
Type or print name and title		
Paid Preparer's Use Only	Print/Type preparer's name Alice Harris	Preparer's signature 
	Firm's name ► Alice M. Harris, CPA, A.C.	Date 7/11/2011 Check if self-employed <input type="checkbox"/> PTIN P00274112
	Firm's address ► 1818 Rayon Drive, Parkersburg, WV 26101	Firm's EIN ► 20-0473428 Phone no (304) 422-5577

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

►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
**ARTSBRIDGE, INC.**

Employer identification number  
**55-6028450**

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  
10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0					0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

**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 or if the organization failed to qualify under Part II  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	232,124	197,719	189,848	192,585	198,750	1,011,026
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
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					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 Total. Add lines 1 through 5	232,124	197,719	189,848	192,585	198,750	1,011,026
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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 amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6 )						1,011,026

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	232,124	197,719	189,848	192,585	198,750	1,011,026
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			27		32	59
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	27	0	32	59
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 )	0	0	500	597		1,097
13 Total support. (Add lines 9, 10c, 11, and 12 )	232,124	197,719	190,375	193,182	198,782	1,012,182
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.89%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.89%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.01%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

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

Department of the Treasury  
Internal Revenue Service.

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
**ARTSBRIDGE, INC**

Employer identification number  
**55-6028450**

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, Mid Ohio

Valley Players P.O. Box 814 Marietta OH 45750, Cash Grant 4,000, Relationship, (blank)

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, Parkersburg

Choral Society 1629 19th Street Parkersburg WV 26101, Cash Grant 3,500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, River Cities

Symphony 6 Canterbury Drive Parkersburg WV 26101, Cash Grant 3,500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, Schrader

Youth Ballet P.O. Box 1202 Parkersburg WV 26102, Cash Grant 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, WV Symphony

Orchestra P.O. Box 2292 Charleston WV 25328, Cash Grant 5,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, United Arts Grant, Grantee, The Castle

418 4th Street Marietta OH 45750, Cash Grant 750, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Project Pool Grant, Grantee, WVU at

Parkerburg 300 Campus Drive Parkersburg WV 26104, Cash Grant 750, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, Travel, 2,077

Form 990-EZ, Part I, Line 16, Other Expenses, Depreciation, 1,953

Form 990-EZ, Part I, Line 16, Other Expenses, Equipment rental and maintenance, 1,969

Form 990-EZ, Part I, Line 16, Other Expenses, Interest, 1,102

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies, 4,424

Form 990-EZ, Part I, Line 16, Other Expenses, Insurance, 1,627

Form 990-EZ, Part I, Line 16, Other Expenses, Dues and subscriptions, 1,628

Form 990-EZ, Part I, Line 16, Other Expenses, Direct program expenses, 34,344

Form 990-EZ, Part I, Line 16, Other Expenses, Other expenses, 1,126

Form 990-EZ, Part II, Line 24, Other Assets, Pledges receivable, Beginning of year, 1,555, End

of year, 1,621

Form 990-EZ, Part II, Line 26, Liabilities, Line of credit, Beginning of year, 25,000, End of

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(HTA)

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

ARTSBRIDGE, INC

Employer identification number

55-6028450

year: 19,707

Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable: Beginning of year 504, End of

year 881

Form 990-EZ, Part II, Line 26, Liabilities: Accrued taxes: Beginning of year 1,854, End of

year 2,095

Form 990-EZ, Part II, Line 26, Liabilities: Due to WV Tourism Dept: Beginning of year 3,350,

End of year: 1,850

Artsbridge, Inc.  
Supporting Statements - Form 990-EZ  
Year Ended December 31, 2010  
EIN 55-6028450

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**Part V, List of Officers Directors, Trustees, and Key Employees**

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<u>Name and address</u>	<u>Title/Avg Work Week</u>	<u>Compensation</u>	<u>Employee Benefits</u>	<u>Expense Account</u>
Cheryl Ferrebee 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Ralph Board 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Harrison Schramm, Jr. 935 Market Street, Parkersburg, WV 26101	Treasurer 1 Hour	-	-	-
Jennifer Houtman 935 Market Street, Parkersburg, WV 26101	Secretary 1 Hour	-	-	-
Sally Davis 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Becky Deem 935 Market Street, Parkersburg, WV 26101	Vice President 1 Hour	-	-	-
Catherin Martin 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Joy Frank-Collins 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Vance Golden 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
William Haas 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Lee Rector 935 Market Street, Parkersburg, WV 26101	President 1 Hour	-	-	-
Jane Irvine 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Harley Noland 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-

Artsbridge, Inc.  
Supporting Statements - Form 990-EZ  
Year Ended December 31, 2010  
EIN 55-6028450

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**Part V, List of Officers Directors, Trustees, and Key Employees**

<u>Name and address</u>	<u>Title/Avg Work Week</u>	<u>Compensation</u>	<u>Employee Benefits</u>	<u>Expense Account</u>
Gregory K. Smith 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Julie Weaver 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Deborah Baley 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Greg Bolton 935 Market Street, Parkersburg, WV 26101	Secretary 1 Hour	-	-	-
Geoffrey Coward 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Mark Gady 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Chad McIntosh 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Bob Roesch 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Jill Shawd 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-

## Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Class of activity	Grantee's name	Address	City	State	Zip code	Amount of cash grant
1 United Arts Grant	Mid Ohio Valley Players	P.O. Box 814	Marietta	OH	45750	4,000
2 United Arts Grant	Parkersburg Choral Society	X 1629 19th Street	Parkersburg	WV	26101	3,500
3 United Arts Grant	River Cities Symphony	X 6 Canterbury Drive	Parkersburg	WV	26101	3,500
4 United Arts Grant	Schiader Youth Ballet	X P.O. Box 1202	Parkersburg	WV	26102	1,000
5 United Arts Grant	WV Symphony Orchestra	X P.O. Box 2292	Charleston	WV	25328	5,000
6 United Arts Grant	The Castle	X 418 4th Street	Marietta	OH	45750	750
7 Project Pool Grant	WVU at Parkerbburg	X 300 Campus Drive	Parkersburg	WV	26104	750
8						
9						
10						

18,500

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization ARTSBRIDGE, INC	Employer identification number 55-6028450
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions P.O BOX 1706	City, town or post office, state, and ZIP code For a foreign address, see instructions PARKERSBURG
		WV 26102

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

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► John Hoffman

Telephone No ► 304-428-3988

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is

for the whole group, check this box . . . ►  If it is for part of the group, check this box . . . ►  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year 2010, or
  - tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form 8868 (Rev. 1-2011)