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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, organizations that operate one or more hospital facilities,

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

~	-01	me	ZVIV Calend	ar year, or tax year beginning , 2010, and ending		, 20			
В	heck	ıf ap	plicable	C Name of organization	D	Employer identification number			
	Ad	dres	s change		-				
	Na	me c	shange	SIMPSON COUNTY GUILD OF ARTISTS AND CRAFTSMAN	6	1-1238962 .			
	Ini	tıal r	etum	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number				
	Te	rmın	ation	110 NORTH MAIN STREET	(270) 586-8055			
1	An	end	ed return	City or town, state or country, and ZIP +4	1				
┢	-1		ation pending	FRANKLIN, KY 42134		Group Exemption Number			
				Cash Accrual Other (specify) ► H Che	_	If the organization is not			
				· · · · · · · · · · · · · · · · · · ·					
. 1	Neb ĭax-e:	cemp	ot status			attach Schedule B			
<u>J</u>	check	only	one) -	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		, 990-EZ, or 990-PF)			
	Chec			anization is not a section 509(a)(3) supporting organization and its gross receipts are nor	-				
				990 return is not required through Form 990-N (e-postcard) may be required (see instruction	ns) Bu	it if the organization chooses			
	o file	e a	return, be sure	to file a complete return					
L /	\dd l	ines	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, c	olu	mn (B) below) ar	\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	57,792.			
Pa	irt l		Revenue, E	xpenses, and Changes in Net Assets or Fund Balances (see the	instru	uctions for Part I.)			
			Check if the	organization used Schedule O to respond to any question in this Part I.					
	1		Contributions	gifts, grants, and similar amounts received	1	24,384.			
	2			ce revenue including government fees and contracts	2	3,619.			
	3			ues and assessments	3	1,040.			
	4			come	4	107.			
	5	2		from sale of assets other than inventory 5a	-				
	ľ			other basis and sales expenses 5b	İ				
				from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	1			
		·			30				
	6	_	_	undraising events					
٥	1	а		from gaming (attach Schedule G if greater than		-1			
Ē					1	İ			
Revenue		b		from fundraising events (not including \$ of contributions					
ĕ				ng events reported on line 1) (attach Schedule G if the					
				ross income and contributions exceed \$15,000) 6b 597.	4				
	l			openses gaming and fundraising events 6c 257.	4				
	i	d	Net income of	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract		240			
	Ì			АТСН. 2	6d	340.			
	7	а	Gross sales of	f inventory, less returns and allowances	_				
		b	Less cost of	poods sold ATCH 3 7b 20,418.	<u></u>	_			
	ŀ	C	Gross profit of	r (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	7,627.			
	8		Other revenue	(describe in Schedule O)	8				
	9		Total reven	ie. Add lines 1 2 3 4 5c, 6d, 7c, and 8	9	37,117.			
	10)	Grants and si	milar amounts paid (list in Schedule O)	10				
	11		Benefits deld	to or for members 2011.	11				
Ś	12	2	Salaries oth	r compensation, and employee benefits	12	24,034.			
Expenses	13		Professional	ees and other payments to independent contractors	13				
<u>p</u>	14		Occupancy (en Mille Fand maintenance	14	415.			
Ä	15		Printing aubi	cattons, postage, and shipping	15	1,128.			
	16		Other expens	es (describe in Schedule O) ATCH 4	16	11,703.			
	17		Total avana	ses. Add lines 10 through 16	17	37,280.			
	+	_			+	-163.			
ets	18			ficit) for the year (Subtract line 17 from line 9)	10				
Net Assets	19	,		fund balances at beginning of year (from line 27, column (A)) (must agree with	40	40,880.			
t.			end-or-year fr	gure reported on prior year's return)		10,000.			
Se	20			s in net assets or fund balances (explain in Schedule O)	20	40,717.			
	21	ı	met assets or	fund balances at end of year Combine lines 18 through 20	21	40,/1/.			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part I Check if the organization used Schedule O to		n in this Part II			X
3		A) Beginning of year	 		nd of year
22 Cash, savings, and investments ATTACHMENT.	.5	38,469.	22		36,557.
23 Land and buildings			23		·····
Land and buildings Other assets (describe in Schedule O) ATTACHMENT	6	2,411.	24		4,476.
25 Total assets		40,880.	25		41,033.
Total assets Total liabilities (describe in Schedule O) ATTACHMENT	.7		26		316.
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)	40,880.	27		40,717.
Part III Statement of Program Service Accomplishing	nents (see the instruction	ns for Part III)			enses
Check if the organization used Schedule O to resp					for section
What is the organization's primary exempt purpose? TO PROMOT	E FINE ARTS AND	CRAFTS			and 501(c)(4)
Describe what was achieved in carrying out the organization's exemp			ре	_	l) trusts, optional
the services provided, the number of persons benefited, and other rele		ogram title		for others)
28 PROVIDE 6 ROTATING EXHIBITS OF AREA A					
FOR THE COMMUNITY. PROVIDE FINE ARTS	AND CRAFTS				
				-	
(Grants \$) If this amount inclu	des foreign grants, check her	e ▶ │	28a	ļ .	37,280.
29					
			1	İ	
(Grants \$) If this amount inclu	des foreign grants, check her	e	29a		
30					
(Grants \$) If this amount inclu	des foreign grants, check her	e ▶	30a	ļ.,	
31 Other program services (attach schedule)			<u> </u>	1	
	des foreign grants, check her		31a		
32 Total program service expenses (add lines 28a through 31a) <i></i>		▶ 32		37,280.
Part IV List of Officers, Directors, Trustees, and Key Emp	oloyees. List each one ever	if not compensated	(see the in		
	bloyees. List each one ever bond to any question in this	of not compensated s Part IV	(see the in		
Part IV List of Officers, Directors, Trustees, and Key Emp	poloyees. List each one ever bond to any question in this (b) Title and average hours per week	s Part IV (c) Compensation (If not paid,	(see the in	ributions to enefit plans &	(e) Expense account and
Part IV List of Officers, Directors, Trustees, and Key Emp Check if the organization used Schedule O to resp (a) Name and address	cloyees. List each one ever bond to any question in this (b) Title and average hours per week devoted to position	of not compensated s Part IV	(see the in	nbutions to	
Part IV List of Officers, Directors, Trustees, and Key Emp Check if the organization used Schedule O to resp (a) Name and address DEBBIE DONALDSON	poloyees. List each one ever bond to any question in this (b) Title and average hours per week	s Part IV	(see the in	ributions to enefit plans & compensation	(e) Expense account and other allowances
Part IV List of Officers, Directors, Trustees, and Key Emp Check if the organization used Schedule O to resp (a) Name and address DEBBIE DONALDSON 510 OAKRIDGE LANE, FRANKLIN, KY	oloyees. List each one ever bond to any question in this (b) Title and average hours per week devoted to position PRESIDENT	s Part IV (c) Compensation (If not paid,	(see the in	ributions to enefit plans &	(e) Expense account and
Part IV List of Officers, Directors, Trustees, and Key Emg Check if the organization used Schedule O to responsible Donaldson 510 OAKRIDGE LANE, FRANKLIN, KY WOON YEN PRALL	cloyees. List each one ever bond to any question in this (b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(see the in	ributions to penefit plans & compensation	(e) Expense account and other allowances
Part IV List of Officers, Directors, Trustees, and Key Emg Check if the organization used Schedule O to resp (a) Name and address DEBBIE DONALDSON 510 OAKRIDGE LANE, FRANKLIN, KY WOON YEN PRALL 807 VALLEY VIEW DRIVE, FRANKLIN, KY	coloyees. List each one ever bond to any question in this (b) Title and average hours per week devoted to position PRESIDENT	s Part IV	(see the in	ributions to enefit plans & compensation	(e) Expense account and other allowances
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Check if the organization used Schedule Q to respond to any question in this Part V Veal	Form 99	00-EZ (2010) 61-12389	62		Page 3
Just the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. Were any significant charges mate to the organizing or spering documents? If "Yes," attach a conformed charge or Schedule O (see instructions). If the organization has documents of they reflect a charge to the organizations name. Otherwise, excludin the charge or Schedule O (see instructions) and the organization has been down to the schedule of the propriation is showed to why the organization did not epot the incine one form 990-T. post in Schedule O (see instructions). Just the organization have urrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6), 0-501(c)(6), 0-501(c)(6) organization outper(or section 603(d) entote, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? Determine year? If "Yes," complete applicable parts of Schedule N. Determine the year? If "Yes," complete applicable parts of Schedule N. Determine the year of the organization outper(or indired, as described in the instructions № 137a	Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
Dut the organization engage in any activity not previously reported to the RS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any eignificant changes mate to the organization and control of the amended of documents if they reflect a change to the argonizations area. Commerce, exclain the copy of the amended of documents of they reflect a change to the argonizations have continued copy of the amended of documents of they reflect a change to the argonizations area. Otherwise, exclain the copy of the amended of documents of they reflect a change to the argonization and non-reportation and control of the commerce of the copy of the amended of documents of they organization and or the commerce of the copy of the amended of commerce of the copy of the amended of commerce of the copy of the cop		Check if the organization used Schedule O to respond to any question in this Part V			X
4.4 Were any significant charges mate to the organizing or governing documents? If "Yes", attach a conformed code of the amended documents of they reflect a change to the organizations and cotherwise, excibint the change on Schedule O(see any significant change on Schedule O(see any significant change on Schedule O(see any significant change). 3.5 If the organization have unrelated obusiness 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 603(e) entote, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 3.6 Did the organization object to section 603(e) entote, reporting, and proxy tax requirements? 3.7 Einter amount of political expenditures, direct or indirect, as described in the instructions ▶ 3.7 at 0.0 b Dot the organization of the promition of the section 491 to the organization of the service of the section 491 to the organization of the service of the service any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule I., Part II and enter the total amount movided. 3.7 If the security of the service of the section 4912 to section 4955 excess benefit transaction during the year of dist engage in an excess benefit transaction during the year of dist engage in an excess benefit transaction of the section 4911 to 0, section 4912 to 0, section 4955 excess benefit transaction of the section 4911 to 0, section 4912 to 0, section 4911 to 0, section 4912 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4912 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to 0, section 4911 to				Yes	No
Were any sugnificant changes made to the organization or governing documents? If "Yes," attach a conformed change made changes and country that the properties of a change to the organization has not been to the organization and income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1. regainin in Schedule Only the organization do not need 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? bill "Yes," has it field a tax return on Form 990-T for this year (see instructions)? 35b	33				
15 If the organization had income from business activities, such as those reported on lines 2, 68, and 7a (among others), but not reported on Form 990-17, explain in Schedule Only the organization during the report the norme on Form 990-17 for this year (see instructions)? 15 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), or 501(c)(7),	description of each activity in Schedule O	33		X	
15 If the organization had income from business activities, such as those reported on lines 2, 68, and 7a (among others), but not reported on Form 990-17, explain in Schedule Only the organization during the report the norme on Form 990-17 for this year (see instructions)? 15 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), or 501(c)(7), 34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was at a section 501(c)(4), 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has if fied a tax return on Form 990-T for this year (see instructions)? Did the organization undergo a liquidation, dissolution, termanizion, or significant disposition of net assets during the year? (If "Yes," complete applicable parts of Schedule N. 37a Einer amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a] 0. b Did the organization free form 1120-POL for this year? b Did the organization free form 1120-POL for this year? 38a Did the organization free form 1120-POL for this year? 37b Mir Yes," complete Schedule L, Part II and enter the total amount involved. 37c Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year and still outstanding at the end of the tax year covered by this return? b Gross receipts, included on line 9, for public use of club facilities and the section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Form 8886-T 1. List the states with which a copy of this regions during the year under sections 4912. 42b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Enter amount of tax imposed on organization managers or did it engage in an excess benefit transaction and 190 (e.) (4) organizations. Enter amount of tax or himself of the US? 17b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or himself or the removal of th		change on Schedule O (see instructions)	34		
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? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 10 bid the organization indergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? ("Yes," complete applicable parts of Schedule N. 17 a Enter amount of political expenditures, direct or indirect, as described in the instructions № [37a] 0. 18 b Did the organization flee Form 1120-POL for this year? 19 b Did the organization flee Form 1120-POL for this year? 19 b Did the organization flee Form 1120-POL for this year? 10 b Did the organization flee Form 1120-POL for this year? 11 'Yes," complete Schedule L, Part I and enter the total amount involved 38b 1	35		- 50	- mari	
501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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. 37a Einter amount of political expenditures, divect or indirect, as described in the instructions ▶ [37a] 0. b Did the organization file Form 1120-POL for this year? 38a Did the organization form 900-EZ (in the year) of the organization property over a financial Accounts. 1 b Ord the organization property of the organization property organization property organization property organization property organization property organization property organization property organization property organization	_	· · · · · · · · · · · · · · · · · · ·	40%		9
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	ny related organization a controlled entity of the	_	_		45		X
	the organization receive any payment from or e						
	aning of section 512(b)(13)? If "Yes," Form 9						
990	-EZ				45a		2
	the organization engage, directly or indirectly, andidates for public office? If "Yes," complete So				46		,
Part VI					لبنيب		_}
ait vi	Section 501(c)(3) organizations and se 501(c)(3) organizations and section 4947 and 52, and complete the tables for lines	(a)(1) nonexempt char	itable trusts mi	ust answer questi	ons 47	7-49t)
	Check if the organization used Schedule		ostion in this n	ort \/I			_
	Check if the organization used Schedule	O to respond to any qu	restion in this pa	ait vi	• • •	Yes	<u>. L</u> N
47 Did	the organization engage in lobbying activities?	If "Ves " complete Schedul	la C Part II		47	163	
	ne organization a school as described in section				48		-
19a Did	the organization make any transfers to an exer	not non-charitable related	organization?	ле L	49a		
b If "Y	es," was the related organization a section 527	organization?	organization.		49b		_
	mplete this table for the organization's five high						d
	ployees) who each received more than \$100,00		•				u .
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization
SIMPSON COUNTY GUILD OF ARTISTS AND CRAFTSMAN

Employer identification number

STUI	: 50	N COUNTY GOTE	D OF ARTISTS	AND CRAFISHAN						01-	-1230	902		
Part		Reason for Publ	ic Charity Status	(All organizations mu	st con	nplete	this pa	rt.) Se	e instru	ıctions				
The o	rga	nization is not a priv	ate foundation bed	cause it is (For lines 1 thi	ough	11, che	ck only	one box	<u>()</u>					
1		A church, convention	on of churches, or	association of churches of	lescrib	ed in s	ection '	170(b)(1)(A)(i).	i				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	eE)									
3	\neg			ervice organization descri		sectio	n 170(b)(1)(A)	(iii).					
4				erated in conjunction wi						n 170(b)(1)(A)	(iii). E	nter	the
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6 「	\neg			or governmental unit des	cribed	n sect	ion 170	(b)(1)(Δ)(v).					
7	\neg		-	es a substantial part of its						it or fro	m the	gener	al pu	blic
٠ ـ		described in sectio	•	· ·	о очрр		u go					90	p-	
8	\neg			on 170(b)(1)(A)(vi). (Com	nlete F	Part II)								
_ ⊢	x			es (1) more than 331/3%				contrib	utions	membe	ershin f	PPS 3	nd ar	oss
, r	<u></u>			exempt functions - subj										
				ome and unrelated busing										
				ie 30, 1975 See section				-		, 511	(ax) 110	nn Du	311103	300
10	1			ted exclusively to test for										
11	\dashv	·		rated exclusively for the							or to	carn	Out	the
		_	-	pported organizations de										
		• •	•	es the type of supporting					•			•	360	
			b Type		-					d T	٦.	, - Ot	hor	
٦	\neg	a Type I		the organization is not			•	-		٠ اــــــــــــــــــــــــــــــــــــ				fied
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		509(a)(1) or section			- IDC	4ha4 .4	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Supp. II	or Type	. 111	nnadı		
f				n determination from the				ype i, i	уре п,	or Type	# 111 Su	pporti	ny T	\neg
		organization, check	this dox										٠ ـ	
g			006, has the organ	nization accepted any gift	or co	ווטטווות	on irom	any or	tne					
		following persons?									()	٦	Yes	No
				ectly controls, either alor								44-(1)	103	
			•	dy of the supported organ							• • • +	11g(i)		
				scribed in (i) above?								11g(iı)		
			•	on described in (i) or (ii) a							L	11g(iu)		
h				ut the supported organiza	T				1					
1	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		Is the zation in		ou notify anization		s the	(VII) Amou suppo		
				above or IRC section		listed in overning	ın col	(ı) of	col (i) o	rganized				
				(see instructions))	docu	ment?		ipport?		US?				
		 			Yes	No	Yes	No	Yes	No				
(A)]				
									ļ					
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Total														

61-1238962 Schedule A (Form 990 or 990-EZ) 2010 Page 2 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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) \triangleright grants, contributions, 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 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 Section B. Total Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 . . 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
Sec	tion C. Computation of Public Support Percentage
14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))
15	Public support percentage from 2009 Schedule A, Part II, line 14
16a	331/3%-support test 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check
	this box and stop here. The organization qualifies as a publicly supported organization
b	331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
	check this box and stop here. The organization qualifies as a publicly supported organization
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
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
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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support						
Ca	alendar 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 ")	1,090.	1,476	947.	24,741.	25,424.	53,678.
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	16,892.	13,445.	19,218.	30,687.	32,261.	112,503.
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					İ	
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			ŀ	ļ	j	
	organization without charge						
6	Total. Add lines 1 through 5	17,982	14,921.	20,165.	55,428	57,685.	166,181
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					1	
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						
с 8	Add lines 7a and 7b	Ę.	,		-		
•	line 6)	· .					166,181.
Sec	tion B. Total Support						100,101.
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	17,982.	14,921.	20,165.	55,428.	57,685.	166,181
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	11,7302	21,732	20,200,	337.23	107.	107
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b				·	107.	107
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	17,982.	14,921.	20,165.	55,428.	57,792.	166,288
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8,			nn (f))		15	99.94%
16	Public support percentage from 2009 Sche					16	100.00%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lin			3. column (f))		17	.06%
18	Investment income percentage from 2009 S					18	0.00%
	331/3% support tests - 2010. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2009. If the orga	nization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check					_	. —
20	Private foundation. If the organization of	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see instru	ictions 🕨

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

SIMPSON COUNTY GUILD OF ARTISTS AND CRAFTSMAN

Employer identification number 61-1238962

	ATTACHMENT 1
FORM 990EZ, PART I - INVESTMENT INCOME	
DESCRIPTION INTEREST INCOME	AMOUNT 107.
TOTAL	107.

FORM 990EZ, PART I - FUNDRAISI	ATTACHMEN	ATTACHMENT 2				
DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME			
FESTIVAL OF THE TREE	377.	257.	120.			
MERCHANTS FUNDRAISER	220.		220.			
TOTALS	597.	257.	340.			

FORM 990EZ, PART I - COST OF GOODS SOLD	ATTACHMENT 3
INVENTORY AT BEGINNING OF YEAR	. 2,411.
PURCHASES	. 21,212.
OTHER COSTS	. 1,271.
SUBTOTAL MINUS ENDING INVENTORY	
COST OF GOODS SOLD	20,418.

ATTACHMENT 4

1,608.
110.
1,398.
2,625.
5,682.
280.

Name of the organization SIMPSON COUNTY GUILD OF ARTISTS AND CRAFTSMAN	_ ·	yer identification number 1–1238962
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMEN		HMENT 5
TOWN 990BB, TAKE II CASH, SAVINGS AND INVESTMEN	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
CASH	18,836.	16,553
SAVINGS	19,633.	20,004
TOTALS	38,469.	36,557
FORM 990EZ, PART II - OTHER ASSETS	ATTAC	HMENT 6
ONA JOURN LAND II OTHER ADDRES	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
INVENTORIES FOR SALE OR USE	2,411.	4,476.
TOTALS	2,411.	4,476.
TODY COORS DADE IT DOWN I TARRETTE	ATTAC	HMENT 7
FORM 990EZ, PART II - TOTAL LIABILITIES		END
DESCRIPTION		OF YEAR
SALES TAX PAYABLE		31
TOTALS		31
	_ አጥጥል(CHMENT 8

FORM 990EZ, PART V - EXPLANATION FOR BUSINESS INCOME NOT REPORTED ON FORM 990-T

INCOME FROM ACTIVITIES ON LINES 2 AND 7A RELATE TO THE ORGANIZATIONS EXEMPT PURPOSE OF PROVIDING ART EXHIBITS AND PROMOTING KENTUCKY ARTS AND CRAFTS.

Form 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

Internal Revenu			oplication for each return.			
If you are	filing for an Automatic 3-Month Extension	n, complete o	only Part I and check this box		► X	
	filing for an Additional (Not Automatic) 3					
Do not comp	<i>plete Part II unle</i> ss you have already been	granted an au	tomatic 3-month extension on a pre	viously filed Form 8868	.	
a corporatio 8868 to rec Return for	iling (e-file). You can electronically file Forn required to file Form 990-T), or an add quest an extension of time to file any of transfers Associated With Certain Pers For more details on the electronic filing of	itional (not aut the forms liste onal Benefit (tomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to	You can electronically ption of Form 8870, In the IRS in paper for	y file Form nformation ormat (see	
	tomatic 3-Month Extension of Time.					
	n required to file Form 990-T and reques			box and complete		
Part I only .	porations (including 1120-C filers), partne				▶ □	
	e tax returns	, , , , , , , , , , , , , , , , , , , ,		roquosi air oxionoisir s		
Type or	/pe or Name of exempt organization			Employer identification	number	
print	SIMPSON COUNTY GUILD OF ARTISTS AND CRAFTSMAN			61-1238962		
File by the	Number, street, and room or suite no If a P.O box, see instructions.					
due date for						
filing your return See	LUIV TOWN OF DOST OTTICE STATE AND ATE CODE FOR A TOTEION ANDIESS SEE INSTITUTIONS					
instructions	1 = · · · · · · · · · · · · · · · · · ·					
Enter the Re	eturn code for the return that this applicat	ion is for (file a	a separate application for each return	n)	. 03	
Application		Return	Application	*****	Return	
is For		Code	Is For		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	
Telephon If the org If this is f for the whole a list with the until for the whole with the list w	organization's return for calendar year 20 10 or tax year beginning ax year entered in line 1 is for less than 1 change in accounting period application is for Form 990-BL, 990-PF undable credits See instructions.	of business in s four digit Ground is for corporation rethe exempt or 20, 20, 20, 2990-T, 4720	cup Exemption Number (GEN) art of the group, check this box equired to file Form 990-T) extension ganization return for the organization and ending	If the and attent of time on named above. The end and attent of time. 20 Final return x, less any 3a \$	ach	
	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						
	onic Federal Tax Payment System) See in			3c \$		
	you are going to make an electronic ful	nd withdrawal	with this Form 8868, see Form	8453-EO and Form 8	879-EO for	
payment ins	structions					