

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

Internal Revenue Service A For the 2010 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization ART GUILD OF FAYETTEVILLE, TEXAS Address change DBA ARTS FOR RURAL TEXAS Name change 86-1075343 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO BOX 33 979-378-2113 Amended return 236,495. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-FAYETTEVILLE, TX 78940 H(a) Is this a group return pending F Name and address of principal officer: JEANNE SCHILLING JYes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status. X = 501(c)(3) = 501(c)() ◀ (insert no) [4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ARTGUILDTEXAS.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2003 M State of legal domicile TX Part I | Summary Briefly describe the organization's mission or most significant activities: TO BRING VISUAL AND PERFORMING Activities & Governance ARTS TO THE SOUTH CENTRAL TEXAS COMMUNITY THROUGH EDUCATION AND ART if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 40 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 85,<mark>362.</mark> 98,102. Contributions and grants (Part VIII, line 1h) Revenue 8,925. 19,124. Program service revenue (Part VIII, line 2g) 104. -436. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 46,953. 64,232. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) SCANNED 141,344. 181,022. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 66,502. 65,717. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,458. **b** Total fundraising expenses (Part IX, column (D), line 25) 59,393. 76,301. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 125,110. 142,803. Total expenses. Add lines 13-17 (must equal Part IX, column A): line 25
Revenue less expenses. Subtract line 18 from line 12 38,219. 16,234. Beginning of Current Year **End of Year** õ JUL 05 2011 403,235 425,572. 20 Total assets (Part X, line 16) 145,637 135,644. Total liabilities (Part X, line 26) 257,598. 289,928. 22 Net assets or fund balances Subtract line 21 from line 2011 Part II | Signature Block 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 propagal (other than officer) is based on all information of which preparer has any knowledge Signature of office Sian \mathcal{D} 8 \mathcal{N} JONES TRRASULER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature PATRICIA T. PECHAL, CPA Paid Firm's name SCHNEIDER, FRAZEE & MATOCHA Preparer Firm's EIN Firm's address P O DRAWER 430 Use Only TX 78945 (979)968-9575 LA GRANGE, X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t III Statement of Program Service Acco		
1	Check if Schedule O contains a response to an	ny question in this Part III	
•	Briefly describe the organization's mission: TO BRING VISUAL AND PERFORI	MING ARTS TO THE SOUTH CENTRAL	TEXAS
	COMMUNITY THROUGH EDUCATION		
2	Did the organization undertake any significant progra	am services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	• •	Yes X No
	If "Yes," describe these new services on Schedule O).	
3	Did the organization cease conducting, or make signif "Yes," describe these changes on Schedule O.	ificant changes in how it conducts, any program services?	Yes X No
4		n of the organization's three largest program services by expe	
		ction 4947(a)(1) trusts are required to report the amount of gi	rants and
4a	allocations to others, the total expenses, and revenue (Code) (Expenses \$ 52	051	renue \$ 19,124.)
70	AFTER SCHOOL AND ADULT ART	CLASSES AND SUMMER ART CAMP C NESS TO RESIDENTS OF THE COMMU	LASSES BRING
4b	(Code:) (Expenses \$	including grants of \$) (Rev	venue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Rev	venue \$)
4d	Other program services. (Describe in Schedule O.)	s of \$) (Revenue \$)
4e	(Expenses \$ Including grants Total program service expenses ▶	52,951.	
			Form 990 (2010)

	Ch Olecklist of Required Ochequies			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		-	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			. <i>.</i>
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ _V
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	146	1	х
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. 3	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
,	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

86-1075343 Page 4

Part IV Checklist of Required Schedules (continued) Ye Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Description Solici(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	s No
United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	x
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Execution 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24a 24b 24b 24c 25c 24c 25c 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person una prior year, and	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
	X
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	X
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	
Schedule L, Part III	_ X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	
instructions for applicable filing thresholds, conditions, and exceptions):	v
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	-
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV	х
	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	Х
31 Did the organization liquidate, terminate, or dissolve and cease operations?	
If "Yes," complete Schedule N, Part I	Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	+
Schedule N, Part II	Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Х
34 Was the organization related to any tax-exempt or taxable entity?	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Х
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	Х
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	İ
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	
Note. All Form 990 filers are required to complete Schedule O	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0· if not applicable	- 1		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15	1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	` '		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┤		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	 -
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	ļ	
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	'''		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	•	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	2000	9a	·	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	. !		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2010)

86-1075343

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
				<u></u>	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a		8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			.,
	officer, director, trustee, or key employee?			2_	-	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			v
_	of officers, directors or trustees, or key employees to a management company or other person?		(1 10	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Does the organization have members or stockholders?		646-	6		
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the	7.	Х	
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone'	,	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			''		
O	by the following:	Culling	y the year			
	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	0.5		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ionea	at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling th	ie form?	11a		X
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise			
	to conflicts?			12b		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			v
	ın Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			136		
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment i	with a			
·va	taxable entity during the year?			16a	ĺ,	Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	duate	its participation	.00		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization and					
	exempt status with respect to such arrangements?			16ь	·	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filled NONE			_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	r (501	(c)(3)s only) availa	able for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflic	t of interest polic	y, and fina	incial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd red	ords of the organ	nization: 🕨		
	DON JONES - 979-378-2113					
	114 N LIVE OAK, FAYETTEVILLE, TX 78940					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organizati (A)	(B)				C)		_	(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	(check all th			that apply)		compensation from	compensation from related	amount of other	
	week (describe	trustee or director						the	organizations	compensation	
	hours for	Б ъ	<u>8</u>			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	trust	l	8	nbens		(W-2/1099-MISC)	, ,	organization	
	organizations	ang p	Institutional trustee		Key employee	stcor	-			and related	
	in Schedule O)	Individual	Instit	D#Ge	Keye	Highest compensated employee	Form			organizations	
JEANNE SCHILLING											
PRESIDENT	10.00	X		Х				0.	0.	0.	
KAREN VERNON	1 00			.,					_	0	
VICE PRESIDENT	1.00	X		Х	<u> </u>	-		0.	0.	0.	
LESLIE PENELLO	1 00	v		v				^	0.	^	
SECRETARY	1.00	X		Х	-			0.	0.	0.	
DON JONES	1 00	Х		х				0.	0.	0.	
TREASURER	1.00	Λ	\vdash	^		-		0.	0.		
DICK BERRY	1.00	х		Х				0.	0.	0.	
PARLIAMENTARIAN	1.00	^		Λ	-	-		- 0.	•		
DEBORAH BRADLEY DIRECTOR	0.70	Х	1					0.	0.	0.	
JOAN HERRING	- 00,70	-			-						
DIRECTOR	0.70	х			1			0.	0.	0.	
JOANNE ANDERSON											
DIRECTOR	0.70	Х	ļ					0.	0.	0.	
CANDICE HAVEL AUG THRU DEC											
ADMINISTRATIVE DIRECTOR	50.00							11,000.	0.	0.	
KAREN HEINTSCHEL JAN THRU APR											
PROGRAM DIRECTOR	50.00							9,923.	0.	0.	
				-							
				_	<u> </u>						
<u> </u>					_			_			
										-	
	-				\vdash	 					
			_	-	_	-					

	(A) Name and title	(B) Average			(C Pos	C) Ition	1		(D) Reportable	(E) Reportable		Fe	(F) timate	ed
	realite and the	hours per week (describe hours for related organizations in Schedule	stee or director		all 1	that	Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	comp fre orga	ount other oensa om the anizat d relat	of ation e ion ed
		0)	pu	Su)	Officer	Ke	J. H.	Po-						
c d	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)						>		20,923.		0.			0.
	Total number of individuals (including but compensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	r, director or tru such individual sum of reportab 50,000? If "Yes, accrue compe inplete Schedul	stee le co l' co nsat	e, ke omp ompli	y en ensa ete S from uch	nplo ation Sche any pers	yee, n and edule y unr	or h	nighest compensated er her compensation from for such individual ed organization or indiv	nployee on the organization idual for services		3 4 5	Yes	No X X
1 	Complete this table for your five highest of the organization. (A) Name and business	- · · · · ·	dep	ende	ent c	ont	racto	ors t	(B) Description of s			(Compe	;)	n
	Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	stec	above) who received n	nore than				
	\$100,000 in compensation from the organ	ization 🕨		_			0					Form		

Page 9

DBA ARTS FOR RURAL TEXAS

Га	it vi	II Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and	6,745. 47,997. 43,360.				
ontr	9	Noncash contributions included in lines	1a-1f \$		00 100			
0 e	h	Total. Add lines 1a-1f		D Co.do	98,102.			
Program Service Revenue	2 a		ORKSHOP	Business Code 611710	19,124.	19,124.		
ever	d							
rogr	е		_					
ď	f	f All other program service revenue						
		g Total. Add lines 2a-2f		19,124.				
	3	, , , , , , , , , , , , , , , , , , , ,					1	
		other similar amounts)			1.			1.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6 a	Gross Rents	(l) Neal	(ii) i eisonai				
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				····
-	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
l		assets other than inventory	7,081.					
	b	Less cost or other basis	7 510					
		and sales expenses	7,518.					
		: Gain or (loss) I Net gain or (loss)	-437	<u> </u>	-437.			-437.
		Net gain or (loss) Gross income from fundraisin	a events (not		13,			13,•
Other Revenue	0 4	including \$ 47,9 contributions reported on line	97 • of 1c) See					
e l		Part IV, line 18	а	112,187.				
₹		Less direct expenses	. ь	47,955.	64,232.			64,232.
		Net income or (loss) from fund			04,232.			04,232.
	9 a	Gross income from gaming ac Part IV, line 19	a a					
	ь	Less: direct expenses	b					
		: Net income or (loss) from gam	ning activities	•				
		Gross sales of inventory, less						
		and allowances	а					
		Less: cost of goods sold	b					
ļ		Net income or (loss) from sale		•				
- 1		Miscellaneous Revenu	ie .	Business Code				
	11 a	· · · · · · · · · · · · · · · · · · ·						
	b		· — · — · — · · ·			-	 	
	d							_
	e	Total. Add lines 11a-11d						
_	12	Total revenue. See instructions			181,022.	19,124.	0.	63,796.
03200	9 -10				= 			Form 990 (2010)

DBA ARTS FOR RURAL TEXAS

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. nolete columns (R), (C), and (D)

	All other organizations must comp				(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				******
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	66,502.	29,358.	34,006.	3,138.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	609.		609.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				 -,
f	Investment management fees				
g	Other				
12	Advertising and promotion	958.	320.	318.	320.
13	Office expenses	13,270.		13,270.	·
14	Information technology	2,781.		2,781.	
15	Royalties				
16	Occupancy	19,523.	2,928.	16,595.	
17	Travel	1,221.		1,221.	· · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,561.		13,561.	
23	Insurance				·
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	ART CLASS SUPPLIES & EX	9,257.	9,257.		
b	ARTIST FEES	8,300.	8,300.		
c	ADMINISTRATIVE	4,033.		4,033.	
d	PROGRAM SERVICE SPECIAL	2,788.	2,788.		
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	142,803.	52,951.	86,394.	3,458.
26	Joint costs. Check here ▶ If following SOP				<u> </u>
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Form QQD (2010)

DBA ARTS FOR RURAL TEXAS

Pa	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	95,701.	1_	123,599.
	2	Savings and temporary cash investments	10,274.		14,502.
	3	Pledges and grants receivable, net	73,500.	3	67,500.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
γņ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	100		
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 263, 4 43, 5	223,760.	40-	219,971.
	ľ	Less: accumulated depreciation 10b 43, 5 Investments - publicly traded securities	223,700.	10c	217,7/1.
	11 12	Investments - pholicity traded securities Investments - other securities. See Part IV, line 11		12	
	13	Investments - other securities. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	403,235.		425,572.
	17	Accounts payable and accrued expenses		17	<u>' </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee	es,		
iab		highest compensated employees, and disqualified persons. Complete Pa	rt II		
_		of Schedule L	73,500.		67,500. 67,279.
	23	Secured mortgages and notes payable to unrelated third parties	71,157.	·	67,279.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.65
	25	Other liabilities. Complete Part X of Schedule D	980.		865.
	26	Total liabilities. Add lines 17 through 25	145,637.	26	135,644.
		Organizations that follow SFAS 117, check here X and comp	lete		
Ses		lines 27 through 29, and lines 33 and 34.	237,672.		242 552
<u>la</u>	27	Unrestricted net assets	19,926		242,553. 47,375.
Ва	28	Temporarily restricted net assets	15,320.	28	41,313.
P	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here		29	
Ē		Organizations that do not follow SFAS 117, check here an complete lines 30 through 34.	9		
S	30	Capital stock or trust principal, or current funds	j	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	257,598.		289,928.
	34	Total liabilities and net assets/fund balances	403,235.		425,572.
	<u> </u>				Form 990 (2010)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1) <u>22.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			303.
3	Revenue less expenses. Subtract line 2 from line 1	3			219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	57 , 5	598.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-5 , 8	389.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	89,9	928.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	<u>. </u>	X
2aWere the organization's financial statements compiled or reviewed by an independent accountant?2abWere the organization's financial statements audited by an independent accountant?2b				,	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O),		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		36	4	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3	<u>, </u>	1

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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ART GUILD OF FAYETTEVILLE, TEXAS DBA ARTS FOR RURAL TEXAS

Employer identification number 86-1075343

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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. **b** Type II c Type III · Functionally integrated d ___ Type III · Other a Type I 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col organization in col (i) listed in your organization in col support organization (i) organized in the (described on lines 1-9 (i) of your support? governing document? US? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2010

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line s	5, 7, or 8 of Part I o	or if the organization			
Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		<u>_</u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization'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)						
	Public support. Subtract line 5 from line 4	<u> </u>					
	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	(0) 2001	(6) 2000	(0) 2009	(e) 2010	(i) Total
8	Gross income from interest,						
٠	dividends, payments received on						
	securities loans, rents, royalties	}					
	and income from similar sources	1					
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)				l		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3)	_
	organization, check this box and sto				<u> </u>		<u>▶</u>
	ction C. Computation of Pub						
	Public support percentage for 2010 (column (f))		14	
	Public support percentage from 2009				14 00 4/00/	15	
16a	33 1/3% support test - 2010. If the c				14 is 33 1/3% or	more, check this bo	,x and ⊾ □
	stop here. The organization qualifies				l line 15 in 22 1/20	V or more shock th	uo boy
t	33 1/3% support test - 2009. If the c				1 111116 13 13 13 173	% or more, check th	iis box ▶ [
47	and stop here. The organization qua 10% -facts-and-circumstances tes				a 13 16a or 16h	and line 14 ie 10%	or more
1/8	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					artir non the organ	▶
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						

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

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	ction A. Public Support	elow, please comp	piete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(0) 2000	(0) 2001	(0) 2000	(4) 2005	(0) 20 10	(i) Total
•	membership fees received (Do not						
	include any "unusual grants.")	99,844.	109,548.	70,560.	85,362.	98.102.	463,416.
•	Gross receipts from admissions.	33,011.	103/3101	707300.	03/302.	30,1021	20071101
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	78,007.	109,250.	68,386.	05 22R	121 211	482,182.
_	organization's tax-exempt purpose	78,007.	109,230.	00,300.	93,220.	131,311.	402,102.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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	177,851.	218,798.	138,946.	180,590.	229,413.	945,598.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
							945,598.
$\overline{}$	Public support (Subtract line 7c from line 6) ction B. Total Support						313/3301
		(a) 2006	(h) 2007	(~) 2009	(d) 2009	(a) 2010	/6 Total
	ndar year (or fiscal year beginning in)	(a) 2006 177,851.	(b) 2007 218,798.	(c) 2008 138, 946.	180,590.	(e) 2010 229,413.	(f) Total 945,598.
	Amounts from line 6 Gross income from interest,	177,051.	210,170.	130/340.	100,330.	223/1136	3437330.
106	dividends, payments received on securities loans, rents, royalties and income from similar sources		1,110.	155.	104.	1.	1,370.
H	Unrelated business taxable income				~~~		•
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
			1,110.	155.	104.	1.	1,370.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1,110.	133.	104.	1.	1/3/0.
12	Other income. Do not include gain						_
	or loss from the sale of capital assets (Explain in Part IV.)		_	-2,489.		-436.	-2,925.
13	Total support (Add lines 9, 10c, 11, and 12)	177,851.	219,908.	136,612.	180,694.	228,978.	944,043.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						_ ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage		_		_
15				olumn (f))		15	100.16 %
16			-	(7)		16	100.14 %
	ction D. Computation of Inves						
17			-	e 13 column (f))	-	17	.15 %
	Investment income percentage from 3			.o 10, 00:011111 (1/)		18	.18 %
18	33 1/3% support tests - 2010. If the			n line 14 and had	15 is more than 3	1	
	more than 33 1/3%, check this box a	nd stop here . The	organization qual	fies as a publicly s	supported organiza	ation .	$\triangleright X$
t	33 1/3% support tests - 2009. If the	-					and
	line 18 is not more than 33 1/3%, che						₹ -
20_	Private foundation. If the organization	n did not check a	box on line 14, 19:	a, or 19b, check th	ns box and see ins	structions	▶

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ART GUILD OF FAYETTEVILLE, TEXAS DBA ARTS FOR RURAL TEXAS

Employer identification number 86-1075343

Par	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV,	, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organizatio	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and done	or advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the	organization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organi	zation (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquir	ed after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation	easement is located -	
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easemen	its it holds?	L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecti		
7	Amount of expenses incurred in monitoring, inspecting, a	ind enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIV, describe how the organization reports conser	vation easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ	nization's financial statements that describes	the organization's accounting for
-	conservation easements.		
Pai	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Fo		
1a	If the organization elected, as permitted under SFAS 116	•	
	historical treasures, or other similar assets held for public		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that de		
b	If the organization elected, as permitted under SFAS 116		
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		. .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical		al gain, provide
	the following amounts required to be reported under SFA	S 116 (ASC 958) relating to these items:	. .
a	·		5
b	Assets included in Form 990, Part X		> \$

ART GUILD OF FAYETTEVILLE, TEXAS DBA ARTS FOR RURAL TEXAS

Schedule D (Form 990) 2010

86-1075343 Page 2

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	r Othe	r Simila	ar Asse	ts (contin	ued)			
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a si	gnificant	use of its	collection	Items			
	(check all that apply):												
а	Public exhibition	d		Loan or exc	hange progra	ıms							
b	b Scholarly research e Other												
С	c Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	on's exer	npt purpo	ose in Par	t XIV.				
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets						
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes	No_			
Pai	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered '	'Yes" to	Form 990	, Part IV,	line 9, or				
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
b	b if "Yes," explain the arrangement in Part XIV and complete the following table:												
									Amount				
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f		·- ·- ·-				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212					L	Yes	L No			
	If "Yes," explain the arrangement in Part XIV.												
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	1				1				
		(a) Current year	(b) P	rior year	(c) Two year	s back	d) Three y	ears back	(e) Four y	ears back			
1a	Beginning of year balance	24,530.							<u> </u>				
b	Contributions	10,845.			ļ								
C	Net investment earnings, gains, and losses												
d	Grants or scholarships								ļ				
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses									·			
g	End of year balance	35,375.		<u> </u>	<u></u>					·····			
2	Provide the estimated percentage of the year	r end balance held a	is:										
а	Board designated or quasi-endowment	100.00	_%										
b	Permanent endowment ►	%											
С	Term endowment ▶	%											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	red for th	e organiz	zation	_				
	by:									res No			
	(i) unrelated organizations								3a(i)	X			
	(ii) related organizations								3a(ii)	X			
b	if "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b				
4	Describe in Part XIV the intended uses of the	organization's ende	wment	funds.									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X	, line 10.									
	Description of investment	(a) Cost or o			or other (other)		cumulate reciation		(d) Book	value			
1a	Land					. —							
b	Buildings			24	0,795.		27,9	18.	212	,877.			
С	Leasehold improvements												
d	Equipment												
	Other			2	2,704.		15,6	10.		,094.			
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c))			•	219	,971.			

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, Iii	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			 	
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)		40		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, i	ine 13	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	· · · · · · · · · · · · · · · · · · ·		······································	······
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				_ .
(6)	·			<u> </u>
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			<u> </u>	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) PAYROLL TAXES PAYABLE		865.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		0.05		
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	the organization's financial	statements that reports the organi	zation's liability for uncertai	n tax positions under
2. FIN 48 (ASC 740)	minimodi	and opens are organi		
032053 12-20-10			Sch	edule D (Form 990) 2010

ART GUILD OF FAYETTEVILLE, TEXAS

86-1075343 Page 4 DBA ARTS FOR RURAL TEXAS Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ART GUILD OF FAYETTEVILLE, TEXAS

Employer identification number 86-1075343

Schedule G (Form 990 or 990-EZ) 2010

DBA ARTS FOR RURAL TEXAS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual fundraiser have custody or control of contributions? (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

ART GUILD OF FAYETTEVILLE, TEXAS 86-1075343 Page 2 DBA ARTS FOR RURAL TEXAS Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events HARVEST (add col. (a) through ART WALK FESTIVAL col (c)) (event type) (event type) (total number) 47,056. 160,184. 74,110. 39,018. Gross receipts 14,940 47,997. 31,445 1,612 Less: Charitable contributions 112,187. Gross income (line 1 minus line 2) 59,170 15,611. 37,406 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 10,970. 26,176. 10,809 47,955. Other direct expenses 47,9554 10 Direct expense summary. Add lines 4 through 9 in column (d) 64,232 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes Volunteer labor No No No

9 Enter the state(s) in which the organization operates gaming activities:	
a is the organization licensed to operate gaming activities in each of these states?	L Yes L No
b If "No," explain.	
Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes No
b If "Yes," explain:	

Direct expense summary. Add lines 2 through 5 in column (d)

ART GUILD OF FAYETTEVILLE, TEXAS

Sch	edule G (Form 990 or 990-EZ) 2010 DBA ARTS FOR RURAL TEXAS 86	<u>-1075</u>	<u>343</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		0/
		13b		%
	An outside facility	130		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	boos the organization have a contract with a time party non-time organization receives gaining revenue.			
	If the standard and the second of second second by the second by the second by			
0	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	: If "Yes," enter name and address of the third party:			
	Name			
				·
	Address ►			
16	Gaming manager information:			
16	Gaming manager information.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Director/officer Employee — independent contractor			
	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	U No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е		
	organization's own exempt activities during the tax year 🕨 \$			
Pа	Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
	miles 3, 30, 100, 100, 100, 10, und 170, as applicable. Also complete time part to provide any assurance miles	11011 1000 1	101100	
	· · · · · · · · · · · · · · · · · · ·			
_				
				•
_				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open To Public Inspection

Name of the organization ART GUILD OF FAYETTEVILLE, TEXAS **Employer identification number**

	DBA	ARTS	FOR RU	RAL !	rexas_		186-10/5343						
Part I	Excess Benefit	Transacti	ons (section	on 501(c)(3) and section	n 501(c)(4) organization	ns only).	•	-	_			
	Complete if the organ	nzation ansv	vered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fori	n 990-E	Z, Part	V, line 40)b			
1									(c) Corrected?				
	(a) Name of disc	qualified pers	son		1	(b) Description of	transa	ection			Yes	No	
									-				
					1								
			-										
2 Enter	the amount of tax impo	sed on the o	organization	manager	s or disqualifi	ed persons during the	year un	der					
section	on 4958								▶ \$				
3 Enter	the amount of tax, if an	y, on line 2,	above, reim	bursed by	y the organiza	ition			▶ \$				
Part II	Loans to and/or	From Int	erested	Persons	s.								
	Complete if the organ	ization ansv	wered "Yes"	on Form	990, Part IV,	ine 26, or Form 990-E	Z, Part \	/, line 38			,		
	ame of interested	the organization? am			ınal principal (d) Balance due			(e) In (f) A			(g) Writter		
pers	son and purpose				mount		deta	ault?	Comm	uttee?	agree	ment ⁷	
		То	From				Yes	No	Yes	No	Yes	No	
JUDGE	TERRY ROSS,	Х		10	00,000.	67,500.		X	X		Х		
			<u></u>										
		·											
	· · · · ·									ļ			
										ļ			
								ļ <u>.</u>	ļ. <u> </u>				
								ļ					
								<u> </u>	ļ			<u> </u>	
Total					<u> </u>	67,500.			<u> </u>		<u> </u>		
Part III	Grants or Assist	tance Bei	nefiting l	ntereste	ed Persons	s.							
	Complete if the organ	nization ansv	wered "Yes"	on Form	990, Part IV,	line 27.		-					
((a) Name of interested p	erson		(b) Relat		en interested person :	and	1		ount an assistan	d type o	f	
					the or	ganization				assistar			
								_					
						·							
								\perp			_		
			_						-				
								\bot					
			ı					ı					

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

ART GUILD OF FAYETTEVILLE, TEXAS DBA ARTS FOR RURAL TEXAS

86-1075343

	red "Yes" on Form 990, Part IV, line 28a, 20		T	(a) Sha	rina
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation
				Yes	No
· · · · · · · · · · · · · · · · · · ·					
 					
· · · · · · · · · · · · · · · · · · ·	-		-		
art V Supplemental Information					
Complete this part to provide additi	onal information for responses to question	s on Schedule L (see	instructions).		
CHEDULE L, PART II, LOA	NS TO AND FROM INTERE	STED PERSON	ıs:		
SHEDOLL II, IIMNI II, DOLL	NO 10 MAD TROM TRADE	JIED IEROOI			
A) NAME OF PERSON: JUDG	E TERRY ROSS,				
AL DUDDOCE OF LOAMS DDO	VIDE INTEREST FREE IO	AN EOD DIID	דוום שר שסגעי	TOTAL	٦,
A) PURPOSE OF LOAN: PRO	VIDE INTEREST FREE LO	AN FOR PURC	HASE OF BUI	TOTM	3

SCHEDULE O (Form 990 or 990-EZ)

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.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ART GUILD OF FAYETTEVILLE, TEXAS DBA ARTS FOR RURAL TEXAS

Employer identification number 86-1075343 .

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
APPRECIATION.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE BOARD OF DIRECTORS
HOLD ANNUAL ELECTIONS TO SELECT CURRENT MEMBERS OF THE GOVERNING BODY OF
THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS AVAILABLE
FOR REVIEW UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS REGARDING POLICIES
AND PROCEDURES ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 110.
PLEDGES CONVERTED TO CONTRIBUTIONS FOR YEAR -6,000.
ROUNDING ADJUSTMENT 1.
TOTAL TO FORM 990, PART XI, LINE 5 -5,889.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return. ► See separate instructions.

990

Attachment Sequence No 67

OMB No 1545-0172

ART GUILD OF FAYETTEVILLE, TEXAS

Business or activity to which this form relates

Identifying number

DBA ARTS FOR F	RURAL TEX	AS .		FOR	м 9	90 I	PAG	E 10			86-10	75343
Part Election To Expen	se Certain Propert	y Under Section 1	79 Note: If yo	u have any lis	ted pr	operty,	comp	lete Part	V before	e you	complete l	Part I
1 Maximum amount (see	instructions)								1		50	0,000.
2 Total cost of section 17	'9 property place	d in service (see	instructions))					2	2		
3 Threshold cost of section 179 property before reduction in limitation											2,00	0,000.
4 Reduction in limitation.	Subtract line 3 fr	om line 2 If zero	or less, ente	er •0•					4	<u> </u>		
5 Dollar limitation for tax year Su	btract line 4 from line	I If zero or less, enter	-0- If married file	ing separately, see	instruc	tions			5	5		· · · · · · · · · · · · · · · · · · ·
6	(a) Description of prop	perty		(b) Cost (busin	ess use	only)		(c) Elected	cost	_		
										_		
										_		
										_		
						,				_		
7 Listed property Enter t	he amount from I	ine 29				7				_		
8 Total elected cost of se	ection 179 proper	ty. Add amounts	ın column (d	c), lines 6 and	7				<u> </u>	3		
9 Tentative deduction. Er									<u> </u>	9_ _		
10 Carryover of disallowed		•							1	0		
11 Business income limita			-			ine 5			1			
12 Section 179 expense d		•			ie 11	r			1	2		-
13 Carryover of disallowed						13						
Note: Do not use Part II or												
·····	eciation Allowan	· · · · ·										
14 Special depreciation all	owance for quali	fied property (oth	ner than liste	d property) pl	aced I	n servic	ce dur	ing		.		4,886.
the tax year									14			4,000.
15 Property subject to sec	,	ction							1:	-		
16 Other depreciation (inc	eciation (Do not	include listed or	oporty \ (Soc	inetructions.	١				11	ָ ט		
Fait III MACHS Depi	eciation (Do not	include listed pr		ction A	<u>'</u>							
17 MACRS deductions for	acceta placed in	convice in toy ve						-	1	7		7,977.
	•	-	-	-			_	▶ [7 -	<u>l</u>		1,77110
18 If you are electing to group any	tion B - Assets							Deprecia	tion Sv	/sten		
		(b) Month and	(c) Basis fo	r depreciation		Recovery						
(a) Classification of p	roperty	year placed in service		nvestment use instructions)	(α)	period	(e)	Convention	(f) Metho	od	(g) Depreciation	on deduction
19a 3-year property										1		
b 5-year property	. = 1.											
c 7-year property			1	4,886.	7	YRS		HY	2000	рВ		698.
d 10-year property										\top		
e 15-year property												
f 20-year property		1										
g 25-year property	· · · · · · · · · · · · · · · · · · ·]			2	5 yrs.			S/L			•
	<u> </u>	/			27	.5 yrs.		MM	S/L			
h Residential rental p	roperty	/			27	.5 yrs.		ММ	S/L			
		/				9 yrs.		ММ	S/L			
i Nonresidential real	property	/						ММ	S/L			
Secti	on C - Assets Pl	aced in Service	During 2010	0 Tax Year Us	sing ti	ne Alte	rnativ	e Deprec	iation	Syste	em	
20a Class life									S/L			
b 12-year					1	2 yrs.			S/L	\prod		
c 40-year		/			4	0 yrs.		ММ	S/L			
	e instructions.)											
21 Listed property. Enter a	amount from line	28		·					2	1		
22 Total. Add amounts fro			es 19 and 20) ın column (g	, and	line 21.						
Enter here and on the a	appropriate lines	of your return. Pa	artnerships a	ind S corporat	ions -	see ins	str		2	2	1	3,561.
23 For assets shown abov						1 T				- 1		
20 101 a330t3 3110W11 abov	e and placed in s	ervice during the	e current yea	ır, enter the								

86-1075343 Page 2

Form 4562 (2010)

DBA ARTS FOR RURAL TEXAS

Part	V Listed Proper	ty (Include a	utomobiles, ce	rtain otl	her vehic	les, cer	taın cor	nputers	s, and pro	perty u	sed for er	ntertaini	ment, rec	reation,	or
	amusement) Note: For any	ehicle for w	hich vou are u	sina the	standari	d milead	e rate d	r dedu	ctina lease	e expen	se. como	olete on	Iv 24a. 2	4b. colur	nns (a)
	through (c) of S														
	Section A -	Depreciati	on and Other	Informa	ation (Ca	ution: S	See the	ınstruc	tions for li	mits foi	passeng	er auto	mobiles)		
24a D	o you have evidence to s	upport the bu	siness/investme	nt use cl	aimed?_	Y	es	_ No	24b If "Y	es," is	the evide	nce wri	tten? L	Yes	No
	(a) Type of property	(b) Date placed in	(c) Business/ investment		(d) Cost or	l /bu	(e) sis for dep siness/inv		(f) Recovery period		(g) ethod/ evention	Depr	(h) reciation luction	Elec	(i) cted in 179
	list vehicles first)	service	use percentag		ther basis		use on	y)	penou	Cor		ueu		1	st
25 Sp	pecial depreciation allo	owance for c	ualified listed	property	y placed	ın servi	ce durin	g the t	ax year an	ıd					
us	ed more than 50% in	a qualified b	usiness use					_			25			<u> </u>	
26 Pr	operty used more tha	n 50% in a c	ualified busin	ess use	•							ı		т	
				%						ļ					
		ļ <u>.</u>	9	%								ļ			
		<u> </u>	1	%											
27 Pr	operty used 50% or le	ess in a qual	r 	1					1	1				r	
		<u> </u>	i -	%				_		S/L·				-	
				%						S/L·		<u> </u>		-	
		<u> </u>		%					l	S/L·				-	
	dd amounts in column		=				, page 1				28			}	
29 Ac	dd amounts in column	(I), line 26. E											29		
			_		B - Infor			-							
	lete this section for ve provided vehicles to y												tina thia e	naatian fe	
-	provided venicles to y vehicles.	our employe	ees, iirst answ	er the q	uestions	in Secu	on C to	see II	you meet	an exce	ption to	comple	ung uns :	section it	Я
						T		1		Τ	/ · B	1	(-)	T ,,	
00 T.	A. 1 1			(a)			b)	Ι,	(c)		(d)	(e)		(f	
	tal business/investment		uring the	Vei	hicle	Vei	hicle		Vehicle		Vehicle		Vehicle		ıcle
-	ar (do not include com	• •	. Al					+				 -			·
	otal commuting miles	_	-				_	+		 		ļ. ——			
	otal other personal (no	ncommuting)) miles												
	iven	a the year			= -	1		+							
	otal miles driven during dd lines 30 through 32					ĺ									
	as the vehicle availab		al usa	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	uring off-duty hours?	ie ioi person	iai use	103	110	103	''	 	, 110	103	110	103	110	103	110
	as the vehicle used p	rimarily by a	more					 							
	an 5% owner or relate						,					Ì			
	another vehicle availa	•	onal			· · · · · ·				-				i -	
	se?														
		Section C	- Questions 1	or Emp	loyers V	Vho Pro	vide Ve	hicles	for Use b	y Their	Employ	ees	•		
Answe	er these questions to				-					-			are not m	nore than	5%
	s or related persons.			·											
37 Do	o you maintain a writte	en policy sta	tement that pr	ohibits a	all perso	nal use	of vehic	les, inc	luding coi	mmutin	g, by you	r		Yes	No
en	nployees?														
38 Do	o you maintain a writte	en policy sta	tement that pr	ohibits p	personal	use of v	ehicles	, excep	ot commut	ting, by	your				
en	nployees? See the ins	tructions for	vehicles used	by corp	oorate of	ficers, c	directors	s, or 19	6 or more	owners	•				
39 Do	you treat all use of v	ehicles by ei	mployees as p	ersonal	use?										
40 Do	you provide more th	an five vehic	les to your em	ployees	, obtain	ınformat	tion fror	n your	employee	s about					
th	e use of the vehicles,	and retain th	ne information	received	d ?										
41 Do	you meet the require	ements conc	erning qualifie	d autom	nobile de	monstra	ation us	e?							ļ
N	ote: If your answer to	37, 38, 39, <u>4</u>	0, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B f	or the	covered ve	ehicles.					<u> </u>
Part	VI Amortization				_										
	(a) Description o	ficaete	Пафе	(b) amortization	1	(c) Amortizal	hle		(d) Code		(e) Amortiza		A	(f) mortization	
	<u> </u>			begins		amoun			section		period or pe		fe	or this year	
42 Ar	nortization of costs th	at begins du	inng your 2010	tax ye	ar:			-,-		-					
								+							
					<u> </u>							1 45			
	nortization of costs th											43			
44 To	otal. Add amounts in o	column (f). Se	ee the instruct	ions f <u>or</u>	where to	report						44			