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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

| Α | For the | 2010 calendar year, or tax year beginning January 1 , 2010, and ending D | ecemb | er 31 , 2 0 10 |
|------------|----------------------|--|------------------|----------------------------|
| В | Check if ap | pplicable C Name of organization D Er | nployer i | dentification number |
| | Address o | change Art Jewelry Forum | 1 | 94-3363896 |
| 닏 | Name cha | | lephone | number |
| H | Initial retu | [FO BOX 023 | 4 | 15-435-1614 |
| H | Terminate Amended | City or town state or country and ZIP + 4 | roup Ex | emption |
| Ō | | India 1 | umber | • |
| G | Account | ting Method: ☐ Cash | k ▶ 🗸 | if the organization is not |
| ı | Websit | | | tach Schedule B |
| j | Tax-exen | npt status (check only one) — 501(c)(3) | 990, 99 | 90-EZ, or 990-PF). |
| K | Check > | | lly not n | nore than \$50,000. A |
| | Form 99 | 90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions | But if t | the organization chooses |
| _ | | return, be sure to file a complete return. | | |
| L | Add lines | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part | II, | |
| line | e 25, col | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ▶ ; | |
| F | Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I | uction | s for Part I.) |
| | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 118,450 |
| | 2 | Program service revenue including government fees and contracts | 2 | 8,429 |
| | 3 | Membership dues and assessments | 3 | 0 |
| | 4 | Investment income | 4 | 143 |
| | 5a | Gross amount from sale of assets other than inventory 5a | 0 | |
| | b | Less: cost or other basis and sales expenses | 0 | |
| | С | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 | Gaming and fundraising events | | |
| ē | а | Gross income from gaming (attach Schedule G if greater than \$15,000) | 0 | |
| Revenue | ь | Gross income from fundraising events (not including \$ 0 of contributions | Ť | |
| ě | i - | from fundraising events reported on line 1) (attach Schedule G if the | | |
| _ | ' . | sum of such gross income and contributions exceeds \$15,000) 6b | 0 | |
| | С | Less: direct expenses from garding and fundraising events 6c | 0 | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac | | |
| | | line 6c) | 6d | 0 |
| | 7a | Gross sales of inventory, less returns and allowances 0 | 0 | |
| | Ь | Less: cost of goods sold | 0 | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| | 8 | Other revenue (describe in Schedule O) | 8 | 0 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 127,022 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 12,500 |
| | 11 | Benefits paid to or for members | 11 | 4,648 |
| Ses | 12 | Salaries, other compensation, and employee benefits | 12 | 0 |
| ë | 13 | Professional fees and other payments to independent contractors | 13 | 19,797 |
| Expenses | . 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 |
| щ | | Printing, publications, postage, and shipping | 15 | 443 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 12,785 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 50,174 |
| ţ | 18 19 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 76,848 |
| SSE | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 1 | *** |
| Net Assets | 20 | | | 24,188 |
| ž | 21 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 101.000 |
| _ | | 1401 doctio of faile balances at end of year. Combine lines to through 20 | 41 | 101,036 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)



| 7.7 | Balance Sheets. (see the instructions | | 4: :- Abi- | Dod II | | | |
|-------------------------------|--|--|---------------|----------|------------------|-----------------------------|---|
| | Check if the organization used Schedule | O to respond to any ques | stion in this | | | · · | · · · · <u> </u> |
| | 3 | | | (A) Beg | inning of year | 00 | (B) End of year |
| 22 | Cash, savings, and investments | | | | 24,188 | | 101,036 |
| 23 | Land and buildings | | | | | 23 | 0 |
| 24 25 | Other assets (describe in Schedule O) Total assets | | • • • • | | 24,188 | | 101,036 |
| 26 | Total liabilities (describe in Schedule O) | | | | 24,100 | 26 | 101,030 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with line 21 | n | | 24,188 | | 101,036 |
| Part | | | | Part III | • | | Expenses |
| | Check if the organization used Schedule | | | | | (Rea | urred for section |
| What | is the organization's primary exempt purpose? | arts advocacy, education an | | | | 501(| c)(3) and 501(c)(4) |
| Descr | tibe what was achieved in carrying out the organization | | | e mann | er, describe | | nizations and section '(a)(1) trusts, optional |
| | ervices provided, the number of persons benefited, and | | | | , | | thers) |
| 28 | Website: The Art Jewelry Forum maintains a robust | website (www.artiewelryforur | m.org) featu | rina | | | T |
| | articles (scholarly, curatorial and informational), boo | | | | | | |
| | Content is commissioned and provided by writers, or | | | | | | |
| | | includes foreign grants, che | | | . ▶ 🗇 | 28a | 14,329 |
| | Emerging Artist Award: The Art Jewelry Forum cond | | | gnize | | | |
| | and support emerging artists and awards \$5,000 ann | | | | | | 1 |
| | | | | | | | |
| | (Grants \$ 5,000) If this amount | includes foreign grants, che | eck here . | | . ▶ 🗸 | 29a | 5,614 |
| 30 | Books, Catalogs, Exhibitions and Speakers: The Art | | | | | | |
| | of books and catalogs, exhibitions, and speaker pre- | sentations related to the art j | ewelry field. | | | | |
| | | | | | | | |
| | (Grants \$ 6,750) If this amount | includes foreign grants, che | eck here . | | . ▶ 🗆 | 30a | 15,043 |
| 31 | Other program services (describe in Schedule O) | | | | | | |
| | | includes foreign grants, che | | | | 31a | 0 |
| 32 | Total program service expenses (add lines 28a t | | | | ▶ | 32 | 34,985 |
| Part | | | | | | | |
| | List of Officers, Directors, Trustees, and Key | | | | | nstru | ctions for Part IV.) |
| | | O to respond to any ques | stion in this | Part I | <i>y</i> | | 🗀 |
| | List of Officers, Directors, Trustees, and Key | O to respond to any ques (b) Title and average hours per week | (c) Compen | Part IV | (d) Contribution | ns to | (e) Expense account and |
| Suga | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address | O to respond to any ques (b) Title and average | tion in this | Part IV | (d) Contribution | ns to | (e) Expense |
| | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address in Cummins | O to respond to any ques (b) Title and average hours per week | (c) Compen | Part IV | (d) Contribution | ns to plans 8 nsation | (e) Expense account and other allowances |
| 80 M | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address in Cummins t. Tiburon Road, Tiburon, CA 94940 | O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compen | Part IV | (d) Contribution | ns to | (e) Expense account and other allowances |
| 80 M Sally | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Cummins It. Tiburon Road, Tiburon, CA 94940 It von Bargen | O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compen | Part IV | (d) Contribution | ns to plans 8 nsation | (e) Expense account and other allowances |
| 80 M Sally 1805 | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Cummins It. Tiburon Road, Tiburon, CA 94940 I von Bargen 28th Ave. W., Seattle, WA 98199 | O to respond to any ques (b) Title and average hours per week devoted to position President, 20 hours | (c) Compen | Part IV | (d) Contribution | ns to plans 8 nsation | (e) Expense account and other allowances |
| 80 M Sally 1805 Susa | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address on Cummins 1. Tiburon Road, Tiburon, CA 94940 von Bargen 28th Ave. W., Seattle, WA 98199 on Kempin | O to respond to any ques (b) Title and average hours per week devoted to position President, 20 hours | (c) Compen | Part IV | (d) Contribution | ns to plans 8 nsation | (e) Expense account and other allowances |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | |
|----------|--|------------|--------|------------|
| | Oncor in the organization adde confedure of to toopens to any queener in the case 4 c | <u> </u> | Yes | No |
| . 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 100 | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | 1 |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | ✓ |
| ь 36 | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b 36 | | |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | 1 |
| ь 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | } | | |
| а | Initiation fees and capital contributions included on line 9 | | | ĺ |
| b | Gross receipts, included on line 9, for public use of club facilities |] | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | ; ; | ✓ |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed. ▶ | | | |
| 42a | The digamental of books at all the same of | 206-59 | | 1 |
| | Located at ► 1805 28th Ave. W., Seattle, WA ZIP + 4 ► | 981 | 199 | |
| Ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | 163 | 1 |
| | If "Yes," enter the name of the foreign country: ▶ | | | <u> </u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | L | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . ! | ▶ □ |
| | | | V | N=- |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 448 44b | | 1 |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | 7 |
| ď | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |

| | | _ |
|-----------------|---------------------|--------------|
| | Р | age 4 |
| 45 | Yes | No ✓ |
| l5a | | ✓ |
| 46 | tion | ✓_ |
| s 47 | 7-49I | |
| 47 48 | Yes | No ✓ ✓ |
| 9a 9b ste | es an | d key |
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| Form 990 | 0-EZ (2010) | | | | | | | P | age 4 |
|--------------|---|--------------------------|--|-----------|-------------------|--|---------------|------------------------|----------|
| | | | <u></u> | | | | | Yes | No |
| | Is any related organization a cont | | | | • | | 45 | | 1 |
| | Did the organization receive any | | | | | | 1 | | |
| | meaning of section 512(b)(13)? I | | | ly need | to be comp | eleted instead of | | | |
| | Form 990-EZ (see instructions). | | Possed to the second se | | | | 45a | igsquare | ✓ |
| | Did the organization engage, dire to candidates for public office? It | | | | | | 46 | | , |
| Part \ | | | and section 4947(a)(1) non | | | | | لــــا | |
| | 501(c)(3) organizations are and 52, and complete the | nd section e tables f | n 4947(a)(1) nonexempt cha or lines 50 and 51. | aritable | trusts mus | t answer questic | ns 4 | 749k | D |
| | Check if the organization u | used Sche | edule O to respond to any qu | estion | in this Part \ | <u>/I</u> | | | |
| | 511 | | | | | | - | Yes | No |
| | Did the organization engage in lo | | • | | | | 47 | | 1 |
| | Is the organization a school as des | | | • | | | 48 | | 1 |
| | Did the organization make any tra | | | _ | | | 49a | $\vdash \vdash \vdash$ | - |
| | If "Yes," was the related organization Complete this table for the organization. | | | | (other than o | | 49b | | d kov |
| | employees) who each received m | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | (b) Title and average | | Compensation | (d) Contributions to | (e) | Expen | |
| | (a) Name and address of each employee than \$100,000 | paid more | hours per week devoted to position | | | employee benefit plans & deferred compensation | | count a allowa | |
| | | | | | | | | | |
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| | | | | | | L <u> </u> | L | | |
| 51 | Total number of other employees Complete this table for the orga \$100,000 of compensation from | nization's | five highest compensated inc | | | ors who each rece | eived | more | than |
| | (a) Name and address of each inde | | | | | e of service | (c) Cor | npensa | ation |
| | | | | | | | | | |
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| | | | | | 1 | | | | |
| | Total | | 4100 | | | | | | |
| | Total number of other independe | | | | | | | | |
| | Did the organization complete So nonexempt charitable trusts mus | | | - | | | l Vaa | | .la |
| | | , | | | | | Yes | | <u> </u> |
| true, corr | enalties of penury, I declare that I have exar rect, and complete. Peclaration of preparer | other than o | officer) is based on all information of wh | ich prepa | rer has any knov | viedge. | ge and | Deller, | пв |
| | 1-11 | | · | | | 0/2/2 | | | |
| Ci | Mullewan | HIM | an. | | L. | 9/20/20 | ?// | | |
| Sign Here | Signature of Officer | 77 | L | | | Date | | | |
| пеге | JALLY VON | BB | RGEN , IZEI | W) | ZEZ | | | | |
| | Type or print name and title | | | | | | | | |
| Paid | Print/Type preparer's name | | Preparer's signature | | Date | Check f | PTIN | | |
| Prepa | arer | | | | <u></u> | self-employed | | | |
| Use C | | | | | | | | | |
| | Firm's address ▶ | | | | <u>_</u> | hone no | | | |
| May th | e IRS discuss this return with the | preparer s | shown above? See instructions | 3 | <u> </u> | • [| Yes | | 40 |

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.

20**10**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Art Jewelry Forum

Employer identification number 94-3363896

| Pa | rt I Reason f | or Public Cha | rity Status (All orga | nization | s must c | omplete | this pa | rt.) See i | nstructio | ns. | |
|------------|---|-------------------------|--|---------------------|------------------------|------------------------------|---------------------|-------------|----------------------------|------------------|-----------------|
| The | organization is not | a private founda | ation because it is: (Fo | r lines 1 1 | through 1 | 1, check | only one | box.) | | • | |
| 1 | A church, conv | vention of churc | hes, or association of | churches | describe | ed in sec | tion 170 | (b)(1)(A)(i |). | | |
| 2 | ☐ A school desc | ribed in section | 170(b)(1)(A)(ii). (Attac | h Sched | ule E.) | | | | | | |
| 3 | | | spital service organiza | | • | section 1 | 170(b)(1) | (A)(iii). | | | |
| 4 | | | on operated in conjunc | | | | | | O(b)(1)(A) | iii). Enter the | |
| • | _ | e, city, and stat | • | - | • | | | | | • | |
| 5 | | | | | | | | | | | |
| | |)(1)(A)(iv). (Com | | go or arm | voidity of | W.104 01 | opolatoa | o, a go | | ar arm dooding | |
| | | | • | مام خامد، ام | المحالمة | | 470/-1/4 | 11/41/4 | | | |
| 6 | | | | | | | | | | | |
| • | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | |
| _ | _ | | | • | | | | | | | |
| 8 | ☐ A community t | trust described i | n section 170(b)(1)(A) |) (vi). (Cor | nplete Pa | urt II.) | | | | | |
| 9 | | | receives: (1) more that | | | | | | | | |
| | receipts from | activities related | d to its exempt funct | ions—sul | bject to c | certain ex | xceptions | s, and (2) | no more | than 331/₃% o | f its |
| | • • | • | ent income and unrel | | | | • | | n 511 ta | x) from busines | S 9 8 |
| | acquired by th | e organization a | ıfter June 30, 1975. Se | e sectio | n 509(a)(| 2). (Com _l | plete Par | t III.) | | | |
| 10 | An organizatio | n organized and | doperated exclusively | to test fo | or public s | safety. Se | e sectio | n 509(a)(| 4). | | |
| 11 | An organization | on organized ar | nd operated exclusive | ely for th | e benefit | of, to | perform | the funct | ions of, | or to carry out | the |
| | purposes of o | ne or more put | olicly supported organ | nizations | described | d in sect | ion 509(a | a)(1) or se | ection 509 | 9(a)(2). See sec | tion |
| | 509(a)(3). Che | ck the box that | describes the type of | supportin | ig organiz | zation and | d comple | ete lines 1 | 1e throug | h 11h. | |
| | a 🗌 Type | l b □ | Type II c | ☐ Tvp | e III-Fund | ctionally | integrate | d | d [| Type III-Oth | er |
| • | • • | | that the organization | | | • | - | | | _ •. | |
| | | | ers and other than one | | | | | | | | |
| | or section 509 | - | | J 01 11.01 | , pas, | опрро. с | ou olgul. | | | 0001.011 000(| - /(· / |
| f | | | a written determination | on from t | the IDS t | hat it ie | a Type | I Type | ll or Tvo | a III supporting | |
| • | . • | check this box | | | | | | і, туро | ii, Oi 19P | o in supporting | ' _ |
| _ | | | he organization accep | | | | | nu of the | | | ш |
| ξ | following pers | | ne organization accep | pled ally | git or co | | ni noni a | uly Of the | , | | |
| | | | الأم مامسلسم مالامسال | ha- alama | | ماخانده سمما | | مطاعمطاعم | al in /il\ a. | .d [V] | N. |
| | ., . | • | indirectly controls, eitled | | _ | | • | describe | a in (ii) ar | | No |
| | • • | • | ody of the supported | _ | | | | | | 11g(i) | |
| | | • | on described in (i) abo | | | | | | | 11g(ii) | |
| | • • | • | a person described in | | | | | | | 11g(lii) | |
| t | Provide the fo | llowing informat | ion about the support | ed organi | ization(s). | | | | | | |
| (1) | Name of supported | (ii) EIN | (iii) Type of organization | | organization | | ou notify | | ls the | (vii) Amount of | |
| | organization | | (described on lines 1–9 | | sted in your document? | | nization in of your | Organiza | tion in col ized in the | support | |
| | | | above or IRC section (see instructions)) | govomang | COCCITICATE | | port? | | S.? | | |
| | | | · | Yes | No | Yes | No | Yes | No | | |
| /A\ | | | | | | | | | | | |
| (A) | | | | | | | | 1 | | | |
| (D) | | | <u>†</u> | | | | 1 | <u> </u> | <u> </u> | | |
| (B) | | | | | | | | | | | |
| | | | | | | | | 1 | | | |
| (C) | | | | | | | | ł | | | |
| | | | | | | | | | | | |
| (D) | | | 1 | | 1 | 1 | I | 1 | 1 | } | |
| | | | 1 | 1 | 1 | | 1 | l . | | | |
| | | | | | | | | <u> </u> | ļ | | |
| (E) | | | | | | | | | | | |

| Part | | | | | | | • |
|-----------|---|----------------------------------|---------------------------------|----------------------------------|------------------------------------|----------------|--------------------------|
| | (Complete only if you checked th | | | | | | ualify under |
| 04 | Part III. If the organization fails to | qualify und | er the tests lis | sted below, p | lease comple | ete Part III.) | |
| | on A. Public Support | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| Calen | dar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and | (a) 2000 | (6) 2007 | (6) 2000 | (4) 2003 | (6) 2010 | (i) Total |
| • | membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | <u></u> | | |
| | on B, Total Support | (=) 000C | (h) 2007 | (-) 0000 | (d) 2000 | (-) 0010 | (A Total |
| | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | . (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop her | ne organizatio | n's first, secon | d, third, fourth | n, or fifth tax y | | |
| Secti | on C. Computation of Public Suppor | t Percentag | | | | | |
| 14 | Public support percentage for 2010 (line 6 | | | | | 14 | % |
| 15 16a | Public support percentage from 2009 Sch 3312% support test—2010. If the organization qua | zation did not | check the box | on line 13, an | d line 14 is 33 | | |
| b | 331/s% support test—2009. If the organ check this box and stop here. The organ | nization did no | ot check a box | k on line 13 o | r 16a, and line | | or more, |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization | ets the "facts- acts-and-circ | and-circumsta umstances" tes | inces" test, chost. The organiz | eck this box a cation qualifies | as a publicly | Explain in supported ▶ □ |
| þ | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization | tion meets the | e "facts-and-c s-and-circums | ircumstances" tances" test. T | test, check to The organization | nis box and s | top here. |
| 18 | Private foundation If the organization di | | | | | k this hox and | _ |

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.)

| | if the organization falls to qualify | under the tes | is listed beit | w, please co | mpiete Fart i | !.) | ····· |
|-------------|--|-----------------------|-----------------|-------------------|-----------------|------------------|-----------|
| | on A. Public Support | (a) 2006 | (h) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (C) 2008 | (a) 2009 | (e) 2010 | (i) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13,800 | 8,725 | 24,500 | 21,000 | 118,450 | 186,475 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 0 | 27,940 | 24,700 | 12,006 | 8,429 | 73,075 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | o | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 [| 13,800 | 36,665 | 49,200 | 33,006 | 126,879 | 259,550 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | o | 0 | 0 | 0 | 0 | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| С | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 259,550 |
| | on B. Total Support | | | | | | ···· |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | 13,800 | 36,665 | 49,200 | 33,006 | 126,879 | 259,550 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 279 | 550 | 483 | 152 | 143 | 1,607 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| С | Add lines 10a and 10b | 279 | 550 | 483 | 152 | 143 | 1,607 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0. | 0 | 0 | 0 | 0 | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 14,079 | 37,215 | 49,683 | 33,158 | 127,022 | 261,157 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop her | _ | | | = | ear as a sectio | |
| Secti | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 15 | Public support percentage for 2010 (line 8 | 3, column (f) di | vided by line 1 | 3, column (f)) | | 15 | 99.3 % |
| 16 | Public support percentage from 2009 Sch | | | <u></u> | <u> </u> | 16 | 98.9 % |
| Secti | on D. Computation of Investment Inc | | | | | , , | |
| 17 | Investment income percentage for 2010 (| | | - | | 17 | .6 % |
| 18 | Investment income percentage from 2009 | | | | | 18 | 1 % |
| 19a | 331/5% support tests—2010. If the organi 17 is not more than 331/5%, check this box | and stop here. | The organizati | on qualifies as a | a publicly supp | orted organizati | on . 🕨 📝 |
| b | 331x3% support tests—2009. If the organiz line 18 is not more than 331x3%, check this t | | | | | | |
| ~ | Private foundation If the organization di | | | | | | |

| SCHOOLING W (L. | am 330 a 330-Ez-j 2010 | Page 4 |
|-----------------|--|--------|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

| Art Sewelly Forum | 34-3303030 |
|---|------------|
| Part I-Revenue, Expenses, and Change in Net Assets or Fund Balance, Line 10 Grants and similar amo | unts paid |
| \$5,000 - Agness Larsson, Danderydsgatan 26, Stockholm, Sweden 11426 | |
| \$5,000 - Damian Skinner, 21 Cambridge Terrace, Kaiti, Gisborne 4010, New Zealand | |
| \$750 - Tacoma Museum of Art, 1701 Pacific Avenue, Tacoma, WA 98402 | |
| \$750 - Society of North American Goldsmiths, 540 Oak Street, Suite A, Eugene, OR 97401 | |
| \$1,000 - Fuller Craft Museum, 455 Oak Street, Brockton, MA 02301 | |
| | |
| Part I - Revenue, Expenses, and Change in Net Assets or Fund Balance, Line 16 Other expenses | |
| Web hosting and support, conferences, meetings, program materials, office supplies, travel, bank fees | |
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