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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

_		te 2010 Calendar year, or tax year beginning 0/01 ,2010, and ending 3/31			2011
뭐	Check	f applicable C	Em	oloyer ide	entification number
	1	s change   SOUTHERN ARIZONA WATERCOLOR GUILD	86	5-091	.1124
-	Name		Tele	phone nu	umber
-	Initial r Termin	100000, 112 00702	52	20-54	8-9523
-	1		<u></u>	E	
-	1	ation pending		oup ⊏xe nber	emption ►
G		unting Method X Cash Accrual Other (specify) ► H Check ►			organization is <b>not</b>
ı			to a	ttach S	schedule B (Form
j		tempt status (ck only one) — X 501(c)(3)   501(c)( ) ◀ (insert no.)   4947(a)(1) or   527   990, 990	D-EZ,	or 990	·PF)
$\overline{\kappa}$	Chec		orma	ally not	more than
	\$50,0	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required			
		nization chooses to file a return, be sure to file a complete return.			
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal	<b>►</b> \$	84,967.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins			
	al V I	· · · · · · · · · · · · · · · · · · ·	uc	110112	· —
	1 1	Check if the organization used Schedule O to respond to any question in this Part I		,	X X
	1	Contributions, gifts, grants, and similar amounts received	-	1	5,221.
	2	Program service revenue including government fees and contracts	ŀ	2	57,703.
	3	Membership dues and assessments	-	3	13,970.
	4	Investment income	-	4	28.
		Gross amount from sale of assets other than inventory  5a		i	
		Less: cost or other basis and sales expenses . 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	L	5c	
_	6	Gaming and fundraising events			
Ë	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		-	
Ĕ	b	Gross income from fundraising events (not including \$ of contributions		j	
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  6b 8,04	5.		
	C	Less: direct expenses from gaming and fundraising events 6c 2,76	9.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	5,276.
	7 a	Gross sales of inventory, less returns and allowances 7a			
	b	Less: cost of goods sold			
g	р с	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	L	7c	
Š	₿ 8	Other revenue (describe in Schedule O) .	L	8	
2	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>&gt;</b>	9	82,198.
TANKE	10	Grants and similar amounts paid (list in Schedule O)		10	5,000.
	11	Benefits paid to or for members		11	
Ę,	12	Salaries, other compensation, and employee benefits		12	
œ.	13	Professional fees and other payments to independent contractors		13	6,400.
E CARPORE	14	Occupancy, rent, utilities, and maintenance	ſ	14	18,043.
E.	15	Printing, publications, postage, and shipping		15	12,838.
	16	Other expenses (describe in Schedule O)  SEE SCHEDULE 0	. [	16	58,362.
2011	17	Total expenses. Add lines 10 through 16	<b>•</b>	17	100,643.
-	18	Excess or (deficit) for the year (Subtract line-17 from line 9)		18	-18,445.
N S E S T E	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-screturn)	ar	19	111,445.
T E	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	93,000.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Pai	Check if the organization used Sche		estion in this Part II			X
		<u> </u>		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			109,130	. 22	88,832.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE O	)	2,315		4,168.
25	Total assets			111,445	-	93,000.
	Total liabilities (describe in Schedule O)		)	0		0.
27	Net assets or fund balances (line 27 of c			111,445	. 27	93,000.
Pai	till Statement of Program Ser					Expenses
	Check if the organization used Sc					uired for section c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose! SE	E SCHEDULE O	sees. In a clear and	conciso mannor	lorgar	nizations and section
desc	is the organization's primary exempt purpose? SE cribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and other	relevant information	for each	4947	(a)(1) trusts, optional thers.)
prog	rain title.	<u></u>			101 01	116(3.)
28	SEE SCHEDULE O			- <b></b>	-	
					-	
	(Grants \$ ) If th	 is amount includes foreign gra	onts chock horo		28a	31,237.
29	WORKSHOPS DESIGNED TO DEV			ITIC. 5	204	31,237.
23	WORKSHOPS HELD IN 2010	ETOL TUD FINITUGE M	WIRICOTON DI	rnns'-	1	
	MOINTAIN DE THE DE THE ZOTO				1	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here	<del>-</del> [	29 a	30,174.
30	MONTHLY NEWSLETTER FOR ME	MBERS INFORMING TH	EM OF GUILD A	CHIEVEMENTS	LJa	
	AND PROGRAMS.				1	
					1	
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here	<del>-</del>	30 a	8,180.
31	Other program services (describe in Sch					
	. •	is amount includes foreign gra		▶ [ ]	31 a	6,433.
32	Total program service expenses (add lin		· · · · · · · · · · · · · · · · · · ·	<b>•</b>	32	76,024.
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each or	e even if not compensate	d (see t	he instructions for Part IV.)
	Check if the organization used So					
	(a) Name and address	(b) Title and average hours	(c) Compensation (	If (d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	employee benefit pla deferred compensa		and other allowances
LYN	INE MCGREGOR	PRESIDENT	(	).	0.	0.
PŌ	BOX 145	5.00				
TŪC	SON, AZ 85702					
JIN	STREMMEL	VICE PRESIDENT	(	).	0.	0.
PO	BOX 145	5.00				
TUC	CSON, AZ 85702					
	RY KRAMER	VICE PRESIDENT	(	).	0.	0.
	BOX 145	5.00				
	SON, AZ 85702					
	RRY WERTHEIMER	SECRETARY		0.	0.	0.
	BOX 145	5.00				
	SON, AZ 85702	mpn augus				
TTI	HOMEWOOD	TREASURER		0.	0.	0.
PU	BOX 145	5.00				
	SON, AZ 85702 BRA IRONS	PAST PRESIDENT		<del>,  </del>	_	0
	BOX 145	5.00	-	0.	0.	0.
THE	SON, AZ 85702	5.00				
100	250N, AZ 0370Z					
		-				
						<del></del>
	<b>-</b>					
						<del></del>
RΔΔ		TEE 408121 0	2/19/11			Form 990-F7 (2010)

	m 990-EZ (2010) SOUTHERN ARIZONA WATERCOLOR GUILD 86-091112			age 3
Pa	Other Information (Note the statement requirements in the instructions for Part V.) SEE SCI Check if the organization used Schedule O to respond to any question in this Part V	IEDUI	LE O	<u> </u>
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	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a charge to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions).	34		х
35				
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		Х
	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		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  N/A			1
39	Section 501(c)(7) organizations. Enter:	1		
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A	4 :		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	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	40 b		Х
	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   □ 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41				•
42	a The organization's			
	books are in care of ► FLANAGAN CPA GROUP PLLC Telephone no. ► 520-7  Located at ► 2990 E FORT LOWELL, TUCSON AZ ZIP + 4 ► 85716		000	
		:		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	42 b		Х
	•			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	Ī	<b>-</b>	N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
I	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	44b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		

Form <b>990</b> -	<b>-EZ</b> (2010)	SOU	CHERN	ARIZONA V	VATERCO	DLOR GUILI	)			86-091	1124	P	age 4
-						-						Yes	No
	,	-		-		ganızatıon with		•	` , , ,		45		X
of s	ection 51 <sub>,</sub> 2(1	(b)(13)?	If 'Yes,	' Form 990 and	l Schedule	age in any tran e R may need t	o be comple	ted instead	l of Form 990-l	Z (see inst	g t.) <b>45 a</b>		X
46 Did cand	the organiz	zation e public (	ngage, office? I	directly or indir f 'Yes,' comple	ectly, ın p te Schedu	olitical campaiç ile C, Part I	gn activities (	on behalf o	f or in oppositi	on to	46		Х
Part VI	Sectio	n 501	(c)(3)	organizatio	ns and	section 494	7(a)(1) no	nexempt	charitable	trusts or	ly. All se	ection	
						947(a)(1) no es for lines			ie trusts mu	ist answe	er questio	ons	
				•									
	Check if	f the or	ganızatı	on used Sched	ule O to re	espond to any	question in t	his Part VI	- <del></del>			V	
<b>47</b> Did	the organiz	zation e	naade i	n lohbying activ	/ities?  f '\	res,' complete	Schedule C	Part II			47	Yes	No X
	•		~ ~	, ,		0(b)(1)(A)(ii)?	·		dule F.		48		$\frac{x}{x}$
	•					non-charitable		-			49 a		X
<b>b</b> If 'Y	es,' was th	ne relate	ed organ	nization a sectio	on 527 org	janization?					49 b		
50 Com	nplete this t	table fo	r the or	ganızatıon's five	e highest of	compensated e compensation	mployees (o	other than o	officers, directo	rs, trustees e. enter 'No	and key		
					(b) To	tle and average		pensation	(d) Contributions benefit pla	to employee	(e) Ex	pense	
	a) Name and a mo	ore than \$	100,000	pioyee paid	devo	urs per week oted to position			deferred com	pensation	other all	nt and owance:	s
NONE _		<b></b>			_								
									1				
					<u> </u>		1						
					-								
											<del></del>		
					-1								
						-						-	
<b>f</b> Tota	al number d	of other	employ	ees paid over	\$100,000	<b>-</b>							
51 Com	nplete this t	table for	r the or	ganization's fiv lization. If there	e highest	compensated in	ndependent	contractors	who each rec	eived more	than \$100	,000 o	f
Con				-		more than \$100,00	00		(b) Type of serv	ice	(c) Comp	ensatio	
NONE				· · · · · · · · · · · · · · · · · · ·					.,,,				
	- <b></b>	<b></b>								j			
				·								-	
		<del>-</del>						1					
									_				
							<b></b> -	1					
<b>d</b> Tota	al number o	of other	ındepe	ndent contracto	rs each re	eceiving over \$	100,000		<u> </u>				
						section 501(c)(3	3) organizatio	ons and 49	47(a)(1) nonex	empt	⊾ਓਹ	_	٦
				a completed So		g accompanying sch	adules and stat	ements and t	o the hest of my kr	owledge and b	► X Yes	<u> </u>	No
true, correct	t, and complete	te Declar	ation of pr	eparer (other than o	fficer) is base	ed on all information	of which prepa	rer has any k	nowledge	Ownedge and b			
	► Signah	ture of off					-		Date				
Sign	3ignau	/UNA		N-GREGO	R PA	PESIDENT	-		Date	TULY 1	9. 20	2//	
Here	Type o	or print na	me and ti		<u> </u>	LUIULII		<del></del>			,, ,,		
	Print/Type				Preparer	's signatur		Date ,	Check	X If PT	'IN		
Paid	JAN F				JAN	FLANAGAN	again	7(11)	1.		0002957	8	
Preparer				TLANAGAN C	PA GRO	UP PLLC		• <u>•</u>		<u> </u>	<u></u> -		
Use Only	Firm's addi	ress ►		E FORT LC					Firm's	EIN ►	86-0968	059	
			TUCSO	N, AZ 857	16-151	8			Phon	eno (520	<del></del>		)
	RS discuss	this re	turn wit	h the preparer	shown abo	ove? See instru	ıctıons				►X Yes		No
BAA											Form <b>99</b>	U-EZ (	(2010)

## 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.

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

SOU				ATERCOLOR GUIL							911124		
Par	1	Reaso	n for Pub	lic Chanty Status	(All organizations	must	compl	ete thi	s part	) See	instruc	ctions.	
The o	rgan	ızatıon i	s not a priva	te foundation because	it is: (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)	-			
1	$\Box$	A church	n, conventior	n of churches or assoc	iation of churches desc	ribed in	section	170(b)(1	)(A)(i).				
2	$\prod I$	A schoo	l described ii	n section 170(b)(1)(A)	ii). (Attach Schedule E	)							
3	$\prod I$	A hospit	al or a coope	erative hospital service	e organization describe	d in sect	tion 170	(b)(1)(A)	(iii).				
4	$\prod I$	A medic	al research o	organization operated	in conjunction with a ho	ospital d	escribed	ın secti	ion 170(	<b>ЬХ1ХА</b>	(iii) Ent	er the hospita	l's
	r	name, c	ity, and state	e:	•								
5				rated for the benefit of mplete Part II.)	a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in secti	on
6 7	$\square$	An orgai	nization that		vernmental unit describubstantial part of its sup II.)					or from	the gene	eral public des	scribed
8					(b)(1)(A)(vi). (Complete	e Part II	)						
9	X A	An orgai from act nvestme	nization that ivities related ent income a	normally receives. (1) d to its exempt functio	more than 33-1/3% of ns - subject to certain taxable income (less s	its supp	ort from	l (2) no r	more tha	an 33-1/	3% of its	s support from	n aross
10		An orga	nization orga	anized and operated e	clusively to test for pul	olic safe	ty See	section	509(a)(4	<b>)</b> ).			
11	一r	nore pu	blicly suppor	ted organizations des	cclusively for the benefi cribed in section 509(a) on and complete lines	(1) or se	ection 50	)9(a)(2)	tions of See <b>se</b>	, or carr ction 50	y out the 1 <b>9(a)(3).</b>	e purposes of Check the bo	one or x that
	_ *	а 🔲 Ту	pe I	<b>b</b> Type II	c 🔙 Type II	I – Fund	ctionally	ıntegrat	ed		d 🔙	Type III — C	)ther
e	(	other tha	king this box an foundatioi 509(a)(2).	, I certify that the organ n managers and other	nization is not controlle than one or more publ	ed direct icly supp	dy or ind ported o	lirectly b rganizati	y one o ions des	r more o scribed i	disqualifi n section	ed persons n 509(a)(1) or	
f		f the or check th		eceived a written deter	mination from the IRS t	hat is a	Type I,	Type II (	or Type	III supp	orting or	ganization,	
g	5	Since Ai	ugust 17, 200	06, has the organization	n accepted any gift or	contribu	ution fro	m any o	f the fol	lowing p	ersons?		
												Y	es No
	(	(i) A	person who	directly or indirectly co erning body of the sup	ntrols, either alone or t	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)	
	,			er of a person describ								11 g (ii)	<del></del>
			-	•	lescribed in (i) or (ii) ab	.ove2						11 g (iii)	<del></del>
h	•			•	supported organization							119(11)	
				7		T	1- 4	0004		66)	. #	Auto and all	4
	,		f supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in (i) listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organız colur	s the labon in nn (i) ed in the S ?	(vii) Amount o	r support
						Yes	No	Yes	No	Yes	No		
(A)			-						1		-		
(B)				L				İ		_			
(C)									İ				
(D)									Ì			-	
<u>(E)</u>		<del></del> -				ļ	<u> </u>	ļ	<del></del>				
Total													
BAA	For I	Paperwo	ork Reductio	n Act Notice, see the	nstructions for Form 9	90 or 99	0-EZ.		-	Schedul	e A (For	rm 990 or 990	-EZ) 2010

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

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

Sec	tion A. Public Support				,			
Cale begi	ndar year (or fiscal year nning ìn) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants')							-
2	Tax revenues levied for the organization's benefit and either paid to it 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	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	<b>(e)</b> 2010		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ties, etc (see ins	tructions)				12	
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(d	:)(3)	▶ □
	tion C. Computation of Pu							
	Public support percentage for 20	•	•	e 11, column (f))		<b>⊢</b>	14	<u>%</u>
	Public support percentage from 2	•	•				15	<u> </u>
16 a	i <b>33-1/3% support test</b> — <b>2010.</b> If the and <b>stop here.</b> The organization				the line 14 is 33-	1/3% or more,	check t	his box -
t	33-1/3% support test — 2009. If the and stop here. The organization				a, and line 15 is 33	3-1/3% or more -	e, check	this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	neets the 'facts-a	and-circumstances	test, check this l	box and stop here	. Éxplain in Pa	art IV ho	•w ► []
	o 10%-facts-and-circumstances test or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a I-circumstances'	and-circumstances test The organiza	' test, check this lation qualifies as	box and <b>stop here</b> a publicly supporte	. Explain in Pa ed organizatio	art IV ho n	w the
18 BAA	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,				ons

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts', grants, contributions and membership fees			İ			
	received. (Do not include any 'unusual grants.')	24,439.	43,952.	25,482.	23,993.	19,191.	137,057.
2	Gross receipts from admis-	24,437.	43, 332.	23,402.	23, 333.	10,101.	137,037.
_	sions, merchandise sold or			1			
	services performed, or facilities furnished in any activity that is			1			
	related to the organization's	42 106	70.660	F1 004	20 217	57 702	271 (00
2	tax-exempt purpose. Gross receipts from activities	43,186.	79,669.	51,924.	39,217.	57,703.	271,699.
3	that are not an unrelated trade						
	or business under section 513			<u>-</u> .			0.
4	Tax revenues levied for the organization's benefit and		1		•		
	either paid to or expended on						0
5	its behalf The value of services or						0.
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	67,625.	123,621.	77,406.	63,210.	76,894.	408,756.
7 a	Amounts included on lines 1,		·				
	2, and 3 received from disqualified persons	0.	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.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	0.	0.	0.	· · ·	<u> </u>	
	7c from line 6.)						408,756.
	tion B. Total Support		<del></del>			<del></del>	
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
	Amounts from line 6	67,625.	123,621.	77,406.	63,210.	76,894.	408,756.
IUa	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources	273.	228.	105.	22.	28.	656.
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	273.	228.	105.	22.	28.	656.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	226	552.	200	005		2 002
12	regularly carried on Other income Do not include	236.	332.	390.	905.		2,083.
12	nain or loss from the sale of						
	capital assets (Explain in Part IV) SEE PART IV	6,463.	6,876.	5,512.	4,497.	8,045.	31,393.
13	Total support. (Add Ins 9, 10c, 11, and 12)	74,597.	131,277.	83,413.	68,634.	84,967.	442,888.
14	First five years. If the Form 990	s for tne organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
Sac	organization, check this box and tion C. Computation of Pu		Porcentage				
15	Public support percentage for 20			13 column (f)	·	15	92.3 %
16	Public support percentage from 2	•		10, 001011111 (1))		16	93.6 %
	tion D. Computation of Inv			<del></del>			
	Investment income percentage for				n (f))	17	0.2 %
18	Investment income percentage fr	· ·		-	.,,	18	0.2 %
19 a	33-1/3% support tests $-2010$ . If is not more than 33-1/3%, check	the organization di	id not check the b	ox on line 14, and	d line 15 is more to	han 33-1/3%, and	line 17 ► X
	33-1/3% support tests - 2009. If	•	_	•		-	
b							
20	line 18 is not more than 33-1/3%, Private foundation. If the organiz	, check this box an	id <b>stop here.</b> The	organızatıon qual	ifies as a publicly	supported organiz	zation

Schedule A	(Form 990 or 990	0-EZ) 2010 St	OUTHERN F	ARIZONA W	ATERCOLOR	( GOITD	86-09	11124	Page 4
Part IV	Supplementa Part II, line 1 (See instructi	<b>il Informatior</b> 7a or 17b: an	n. Complete d Part III, I	this part tine 12. Also	o provide the complete	ne explanat this part fo	ions required by any additiona	by Part II, line al information.	10;
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2010

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

## SOUTHERN ARIZONA WATERCOLOR GUILD

86-0911124

DADTIII	LINE 12	OTHER	INICOME
PART III,	LINE IZ -	UIHEK	INCUME

NATURE AND SOURCE		2010	2009	2008	2007	2006
SPECIAL EVENTS	TOTAL \$	8,045. 8,045.	\$ 4,497. \$ 4,497.	5,512. \$ 5,512.	6,876. \$ 6,876.	\$ 6,463.

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

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

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number SOUTHERN ARIZONA WATERCOLOR GUILD 86-0911124 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE GUILD TO STIMULATE MEMBERS IN WATERCOLOR ARTS. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS ART SHOWS TO DISPLAY ART, REWARD EXCELLENCE AND STIMULATE COMMUNITY INTEREST; TWO LARGE ONGOING SHOWS EVERY YEAR PLUS SMALLER SHOWS; AWARDS TOTALING \$3625 IN 2010; SPONSORSHIP OF WESTERN FEDERATION SHOW HELD EVERY 10 YEARS IN TUCSON FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

SCHEDULE O - SUPPLEMENTAL INFORMA	ATION	PAGE 2
SOUTHERN ARIZONA WATERCOLOR GUILD		86-0911124
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADVERTISING AND PROMOTION AWARDS BANK CHARGES BANKCARD FEES DELEGATE EXPENSES DEPRECIATION DUES & SUBSCRIPTIONS DVD EXPENSES GALLERY- COST OF GOODS SOLD INSTRUCTORS' FEES INSURANCE JANITORIAL JUDGING LICENSES & FEES LIFE DRAWING CLASSES MEALS MISCELLANEOUS MODEL FEES REPAIRS & MAINTENANCE SALES TAXES SCHOLARSHIP COMMITTEE EXPENSES STORAGE SUPPLIES TRAVEL UTILITIES WORKSHOP ASSISTANCE	\$ TOTAL	6,808. 3,625. 106. 330. 623. 733. 480. 440. 1,933. 17,270. 1,871. 540. 1,160. 43. 625. 1,035. 1,479. 120. 240. 172. 893. 2,233. 5,160. 8,795. 1,108. 540.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS  ARTWORK DEPOSITS PREPAID EXPENSES AND DEFERRED CHARGES  TOTAL \$\frac{5}{2}\$	BEGINNING 1,962. \$ 0. 353. 2,315. \$	ENDING 1,962. 1,700. 506. 4,168.
FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  DESCRIPTION  SCHOLARSHIP PROGRAM TO REWARD ARTISTIC ACHIEVEMENT IN HIGH SCHOOL SENIORS. 2010 SCHOLARSHIPS TOTALING \$5,000 PAID OUT IN 2010.  INCLUDES FOREIGN GRANTS: NO	GRÁNTS	PROGRAM SERVICE EXPENSES 5,893.

2010

### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 3

**SOUTHERN ARIZONA WATERCOLOR GUILD** 

86-0911124

FORM 990-EZ, PART III, LINE 31 (CONTINUED) STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE EXPENSES **GRANTS** 

DESCRIPTION

INCLUDES FOREIGN GRANTS: NO

> 0. \$ TOTAL \$

6,433.

<b>PAGE  </b>		CURRENT DEPR.	RAIE	RATE	CURRENT RATE DEPR .11520	PATE CURRENT 11520 .11520 .22800	CURRENT BATE DEPR	. CURRENT PATE DEPR	. CURRENT BATE DEPR11520 .11520 .22800 .30000 .38000 .38000	. CURRENT BATE DEPR	. CURRENT RATE DEPR .11520 .11520 .22800 .38000 .38000 .73	. CURRENT BATE DEPR	. CURRENT BATE DEPR 11520 11520 30000 30000 73
		PRIOR DEPR METHOD	i	. 852	,852	,852 ,990 614	,852 ,990 614 424	.852 ,990 614 424	,852 ,990 614 424	.852 .990 614 424 .933	852 990 614 614 813	, 852 , 990 , 990 , 993 , 933 , 813	
	DEPR.												
R GUILD	PRIOR SALVAG DEC BAL /BASIS DFPR. REDIUCL									· _			
TERCOLOR	PRIOR 179/ PRIC BONUS/ DEC E	1	1	1	İ	1	1	İ			100		
AL BOOK DEPRECIATION SCHEDULE UTHERN ARIZONA WATERCOLOR GUILD	P SPECIAL 1 DEPR. BC	1	1	1	1	1	1	1	1	1 1 0			
IL BOOK	CUR 3US. 179	PCT_BONUS_				•	•	•	•		BONUIS	BONUIS	BONNIS
2010 FEDERA	COST/ B	İ	ĺ	752	352	352	352 390 314 424	352 390 314 424 333	352 390 314 424 433	352 990 114 124 124 733 746	352 333 333 346 346 346	352 352 114 124 124 124 124 124 124 124 124 12	852 114 124 133 133 146 146 146 146 146 146 146 146 146 146
2010	IE DATE	ı		1		I	1	Į		 		 	 
	DATE	ALAMIN'	Abdeum	8/04/06									
5/31/11		NO. DESCRIPTION	NO. DESCRIPTION. FORM 990/990-PF	NO. DESCRIPTION OF TORM 990/990-PF	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS  3 CAMERA SYSTEM	FORM 990/990-PF  1 CAMERA & PROJECTOR 2 COMPUTER & PERIPHERALS 3 CAMERA SYSTEM 4 RECEIVER & MICROPHONE	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS  3 CAMERA SYSTEM  4 RECEIVER & MICROPHONE  5 PRESENTATION SYSTEM	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS  3 CAMERA SYSTEM  4 RECEIVER & MICROPHONE  5 PRESENTATION SYSTEM  6 LAPTOP COMPUTER	FORM 990/990-PF  1 CAMERA & PROJECTOR 2 COMPUTER & PERIPHERALS 3 CAMERA SYSTEM 4 RECEIVER & MICROPHONE 5 PRESENTATION SYSTEM 6 LAPTOP COMPUTER	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS  3 CAMERA SYSTEM  4 RECEIVER & MICROPHONE  5 PRESENTATION SYSTEM  6 LAPTOP COMPUTER  TOTAL DEPRECIATION	FORM 990/990-PF  1 CAMERA & PROJECTOR 2 COMPUTER & PERIPHERALS ' 3 CAMERA SYSTEM 4 RECEIVER & MICROPHONE 5 PRESENTATION SYSTEM 6 LAPTOP COMPUTER ' 10TAL DEPRECIATION	FORM 990/990-PF  1 CAMERA & PROJECTOR  2 COMPUTER & PERIPHERALS  3 CAMERA SYSTEM  4 RECEIVER & MICROPHONE  5 PRESENTATION SYSTEM  6 LAPTOP COMPUTER  TOTAL  TOTAL  GRAND TOTAL DEPRECIATION

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