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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, 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

\ F	or the	2010 calendar year, or tax year beginning $J u \iota \gamma = J = 0$, 2010, and ending $J \iota U$	NE	30,20/1
3 ₀ 0	heck if ap			dentification number
록 ⁄	ddress c			-1036380
_	lame cha		elephone r	number
=	nitial retui erminate	1/J TENSHOT STREET	<u>(703)</u>	476-397
=	vmended	City or town, state or country, and ZIP + 4	Group Exe	
]_	pplicatio	n pending	Number	
				if the organization is not
	Vebsit			tach Schedule B
		, , , , , , , , , , , , , , , , , , ,		0-EZ, or 990-PF)
	heck >	_ 3	•	
		10-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction return, be sure to file a complete return	s) butilit	ne organization chooses
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	rt II	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	75.076
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truotion	
	art I	Check if the organization used Schedule O to respond to any question in this Part I.	tructions	siorparti.)
_	4	Contributions, gifts, grants, and similar amounts received .	· · · ·	16.601
	1 2	Program service revenue including government fees and contracts .	· 1 2	23, 3 71.
	3	Membership dues and assessments	3	4 690.
	4	Investment income	4	7,670.
	5a	Gross amount from sale of assets other than inventory 5a	-	772.
	b	Less. cost or other Passant-sites expenses 5b	*	
	C	Gain or (loss) from safe of assets other than reventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and juffdraising events	. 30	
	a	Gross income trom gaining (attach Schedule G if greater than		
Ď	a	\$15,000)		
	ь	Gross income from fundraising evertis (not including \$ of contributions	 ,	
	ט	from fundraising events reported on the datach Schedule G if the	ľ	
		sum of such gross income and contributions exceeds \$15,000) 6b /4.195	3	
	С	Less direct expenses from gaming and fundraising events 6c /3.525	_	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrain	ct ct	
	•	line 6c)	. Ed	670.
	7a	Gross sales of inventory, less returns and allowances . 7a 30, 108	- 00	-
	b	Less cost of goods sold . 7b /7 527		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	12, 581,
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	44.024
	10	Grants and similar amounts paid (list in Schedule O)	. 10	500
	11	Benefits paid to or for members	. 11	<u></u>
2	12	Salaries, other compensation, and employee benefits	. 12	
Expellada	13	Professional fees and other payments to independent contractors	. 13	12 458
2	14	Occupancy, rent, utilities, and maintenance	. 14	19' 388
ĭ	15	Printing, publications, postage, and shipping	. 15	3, 221
	16	Other expenses (describe in Schedule O)	. 16	16.303
	17	Total expenses. Add lines 10 through 16	► 17	51. 870
·^	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	17 946
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, 'column (A)) (must agree wi		1
528		end-of-year figure reported on prior year's return)	19	47.696
1 a	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	746)
Ž	21		▶ 21	39, 10 4
		work Reduction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2010)

Par	t II	Balance Sheets. (see the instructions Check if the organization used Schedule		tion in this	Part I	1		
		Check if the organization used Schedule	O to respond to any ques	idon in tine		ginning of year	·	(B) End of year
22	Casi	h, savings, and investments			ربر عرب	7 406	22	20104
23		d and buildings		•	7	1,010	23	3 4,107
24		er assets (describe in Schedule O)		•			24	0
25		al assets			4	7696	25	39 104
26		al liabilities (describe in Schedule O)	·			0	26	0
27		assets or fund balances (line 27 of column	(B) must agree with line 21) .	49	1,696	27	39 104
Part		Statement of Program Service Accom			Part II			Expenses
		Check if the organization used Schedule	O to respond to any ques	tion in this	Part I	II 🔲		guired for section
What	is the	organization's primary exempt purpose? E	VRICHING THE COMI	4UN 11Y	TROU	GH ART		(c)(3) and 501(c)(4) anizations and section
		at was achieved in carrying out the organization				er, describe		7(a)(1) trusts, optional
the se	ervices	provided, the number of persons benefited, and o					for c	others)
28	MON	THLY NEWSLETTER TO	MENBERS AND	OTHER	· ·			
	AR1	-S ORGANIZATIONS						
								2,058
	(Grant		includes foreign grants, che			. ▶ 🗆	28a	2,000
29		UTKLY EDUCATIONAL PROGE	RAMS OPEN TO	MEMB	عمع			
	NN	P THE PUBLIC						1,125
	(Grant		includes foreign grants, che		<u>···</u>	▶ ⊔	29 a	
30	MK	T EVENT AT COMMUN.	FTY CENTE	-14				4,083
				·				''
	(Grant	of) If the amount	includes foreign grants, obj	ook boro			30a	
21	(Grant	program services (describe in Schedule O)	includes foreign grants, che	eck nere	<u>-</u>		SUA	· · · · · · · · · · · · · · · · · · ·
31	(Grant	· -	includes foreign grants, che	ock here	•	▶ □	31a	28,900.
32		program service expenses (add lines 28a t		CK HEIE	<u> </u>		32	36.166
Pari		List of Officers, Directors, Trustees, and Key	<u>. </u>	en if not co	mpensa	ited, (see the i		<u> </u>
		Check if the organization used Schedule						· · · □
		(-) NI	(b) Title and average	(c) Comper		(d) Contribution		(e) Expense
		(a) Name and address	hours per week devoted to position	(If not potential)		employee benefit deferred comper		
Do	NNA		PRESIDENT					
34	17 T	BADNOR PL FALLS CHURCH YA	15 HOURS/Week	(2	O		0
DIG	C'K	NEFF '	VICE PRESIDENT		2			
99	<u> 20 B</u>		5 HOURS/WEEK		, 	0		0
MA	<u>R GAI</u>	3ET JOHNSON	SECRETARY		,	0		0
		AMON CHAPEL GREAT FALLS, VA	5 HOURS/ Weel	ζ '				
TE	RRY	LOWE	TREASURER	4)			0
<u>/32</u>	04	TUCKAWAY DE WERNDON, VA	18 HUURS/WEEK					
2 H	(L)	TUCKAWAY DR HERNDON, VA COOK TELEGRAPH SPRINGSRD PURCELLEN	TREASURER		<i>y</i>	၂ စ		O
179	35	TELEGRAPH STRINGS RD PUREE IL EV	A 18 HOUR / WEEL	·				
- -		•••••						1
			-	-				
						-		
		••••••						
		•••••						
				-				
			1			I		[

Part	Check if the organization used Schedule O to respond to any question in this Part V		. \square
	Chock if the diganization does contour of to respond to any question in the rank v	Ye	s 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	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	×
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	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
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	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0 -		
b		37b	×
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	×
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(a)(7) associations. February		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a		
a b	Gross receipts, included on line 9, for public use of club facilities 39b		1
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		· ·
	section 4911 ► O , section 4912 ► O , section 4955 ► O		(
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	×
С	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	X
41	List the states with which a copy of this return is filed > NONE		
42a	The organization's books are in care of ▶ DICK NEFE Telephone no. ▶ 70. Located at ▶ 1/5 PLEASANT ST NW VIENNA VA ZIP+4 ▶ 22	3 31	9-39
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	es No
	If "Yes," enter the name of the foreign country ▶	725	 ^
	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.? If "Yes," enter the name of the foreign country	42c	_X_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .		ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the tax year		
		<u> </u>	
4.4	Did the eventuation approach on denote advanced founds distinct the second K "Ves " Cause 000 and to	Ye	es No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	442	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	+
D	completed instead of Form 990-EZ	44b	×
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 x
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		+
_	explanation in Schedule O	44d	

								_
orm 99	90-EZ (2010)						P	age 4
							Yes	No.
45	Is any related organization a controlled entity of	•		•		45	ļ	X
а	Did the organization receive any payment from o							
	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	need	to be comp	leted instead of	'	-	
	Form 990-EZ (see instructions) .					45a		X_
46	Did the organization engage, directly or indirectly to candidates for public office? If "Yes," complete to candidates for public office?			on benail of	or in opposition	46		X
Part			xem	ot charitable	e trusts only. A		tion	<u> </u>
	501(c)(3) organizations and section 494	17(a)(1) nonexempt chari	table	trusts must	answer questic	ns 4	7–49	b
	and 52, and complete the tables for lin							
	Check if the organization used Schedule	O to respond to any ques	stion i	n this Part V	т			. 🗆
							Yes	
47	Did the organization engage in lobbying activities				• •	47		X
48	Is the organization a school as described in section		•		E	48		X
49a	Did the organization make any transfers to an ex		d orga	anization?		49a	<u> </u>	X
_ b	If "Yes," was the related organization a section 5					49b	l	<u> </u>
50	Complete this table for the organization's five hi employees) who each received more than \$100,							
	employees) who each received more than \$100,	(b) Title and average		Compensation	(d) Contributions to	-	Exper	
	(a) Name and address of each employee paid more than \$100,000	hours per week	``	,	employee benefit plans & deferred compensation	àc	count a	and
	(Hall \$100,000	devoted to position	 		dererred compensation	otner	allowa	ances
	NONE							
	100100		<u> </u>					
 -								
			<u></u>			L		
f	Total number of other employees paid over \$100							
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio			ent contracto	ors who each rec	eived	more	than
	(a) Name and address of each independent contractor		one	(b) Typ	e of service	(c) Co	mpens	ation
	(a) Halife and address of each medpondom community	paid more than \$100,000		(2) .) p	3 51 351 1135	(0, 00.		4.10.1
]			
	MONE							
	/-V							
				L				
	Total number of other independent contractors	•		-				
52	Did the organization complete Schedule A? Not nonexempt charitable trusts must attach a comp		nizati	ons and 494		1 Yes		M-
	 -							No
rue, co	penalties of perjury, I declare that I have examined this return, in prrect, and complete Declaration of preparer (other than officer)	cluding accompanying schedules a is based on all information of which	h prepa	rer has any knov	vledge	ge and	1 Dellet	t, it is
Sign	Cela (O) hi				2 Fel	_ 4	_2_	
Jere Jere	Signature of officer	O 2	,		ate			
.010	ARLA ALBERS	PRESIDE	<u> </u>					
	. F Lyne or print game and title							

Preparer's signature

Print/Type preparer's name

Firm's address ►

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

Paid Preparer Use Only

► 🗌 Yes 🗌 No

PTIN

Check ____ if self-employed

Firm's EIN ▶

Date

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VIENNA ARTS SOCIETY INC.

Employer identification number 54 - 1036380

Рa	rt I	_Reason f	or Public Cha	rity Status (All orga	nizations	s múst c	omplete	this pa	rt.) See ı	nstructio	ns.	
Γhe	orga	ınızatıon ıs not	a private founda	ition because it is (Fo	r lines 1 t	through 1	1, check	only one	box.)			
1		A church, con	vention of churc	hes, or association of	churches	describe	ed in sec	tion 170	(b)(1)(A)(i	i).		
2		☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4												
hospital's name, city, and state								ing. Entor tho				
_		•	•									-:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II)								ai unit describe	a in			
	_											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X		ion that normally receives a substantial part of its support from a governmental unit or from the general public									
		described in s	ection 170(b)(1)	(A)(vi). (Complete Par	t II)							
8		A community	trust described i	n section 170(b)(1)(A	(vi). (Cor	nplete Pa	ırt II)					
9	_	•		receives (1) more that		•	•	om contri	hutions	members	hin fees, and o	220
•				to its exempt funct								
		•		ent income and unrel		•		•				
			•	fter June 30, 1975 Se				•			k) HOIH busines	303
40		· · · · · ·	-							(4)		
10		_	_	l operated exclusively			-					
11	ш			nd operated exclusive								
				licly supported organ								tion
				describes the type of					ete lines 1	11e throug	n 11h	
		a 🗌 Type I	b 🗌	Type II c	☐ Type	III-Funct	ionally in	tegrated		d 🗌	Type IIIOther	
e	: 🗆			that the organization								
		other than fou	indation manage	ers and other than one	e or more	publicly	supporte	ed organ	izations o	described	in section 509(a	a)(1)
		or section 509	(a)(2)									
f		If the organization	ation received a	a written determinatio	on from t	the IRS t	that it is	a Type	I. Type	II. or Tvp	e III supporting	
			check this box									\Box
ç	ì	Since August	17 2006 has t	he organization accep	oted any	aift or co	ontributio	n from a	inv of the	.		
•		following pers		no organization accep	orou uny	g o. o.			, 0	•		
				ndirectly controls, eitl	nor alone	or toget	har with	nareane	docombo	d in (ii) an	d Yes	No.
				ody of the supported			ilei witti	persons	describe	a iii (ii) aii		
					•	1011;		•	•	•	11g(i)	
			•	on described in (i) abo						•	11g(ii)	
			-	a person described in				•	•		11g(in)	
t	<u> </u>	Provide the to	llowing informati	on about the support	ed organi	zation(s)						
(i)		e of supported	(II) EIN	(III) Type of organization	(iv) is the o			ou notify		ls the	(vii) Amount of	
	or	ganization		(described on lines 1-9 above or IRC section (see instructions))	governing	sted in your		nization in of your		tion in col ized in the	support	
					3		support?			S?		
					Yes	No	Yes	No	Yes	No		
A)												
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— В)												
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Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 (b) 2008 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ (c) 2009 (d) 2010 Gifts. grants, contributions, membership fees received (Do not 16, 274 14. 368 18,719 19,476 include any "unusual grants") revenues levied 2 for the 0 0 0 0 0 organization's benefit and either paid to or expended on its behalf The value of services or facilities 0 0 0 0 0 0 furnished by a governmental unit to the organization without charge 18,719 Total. Add lines 1 through 3 5 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2007 (e) 2011 Calendar year (or fiscal year beginning in) ▶ (b) 2008 (c) 2009 (d) 2010 (f) Total 9.476 16,274 Amounts from line 4 719 7 25591 8 Gross income from interest, dividends, payments received on securities loans. 1,950 996 1,080 492 rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 0 0 0 0 0 0 is regularly carried on Other income Do not include gain or 10 0 loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 95 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2010 Schedule A, Part II, line 14 15 15 % 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . X b 331/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

18

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.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")				<u> </u>		
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				_		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						İ
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		 				
. —	received from disqualified persons						
ь	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)					x *	
Secti	on B. Total Support		·	•			•
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		•				
	section 511 taxes) from businesses						
	acquired after June 30, 1975			_			
	Add lines 10a and 10b .		ļ				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	<u> </u>					
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	-			-		
13	and 12)						
14	First five years. If the Form 990 is for the	L organizațio	ı n's first secon	d third fourth	L or fifth tax ve	ear as a section	on 501(c)(3)
• •	organization, check this box and stop he	-	11 3 11131, 300011		· ·		. ► ► □
Secti	on C. Computation of Public Suppor		ie				·
15	Public support percentage for 2011 (line			3, column (f))	-	15	%
16	Public support percentage from 2010 Sci		•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2010			=		18	%
19a	331/3% support tests-2011. If the organ				nd line 15 is m	ore than 331/3	
	17 is not more than 331/3%, check this box	orted organizat	tion . 🕨 📋				
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	nere. The organ	ization qualifies	s as a publicly s	upported orga	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	uctions 🕨 🔲

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 54 - 1036380 Name of the organization SOCIET ARTS VIENNA 10 LINE \$500.00 ART EDUCATION LINE WORKSHOPS SHOW EXPENSES SALES BANK AND CREDIT CARD FEES HOSPITALITY CHAMBER of COMMER OTHER TOTAL 41NE 20 CORRECTING MAINTAIN LINE