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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). 19 46,019 20 Other changes in net assets or fund balances (attach explanation) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 42,802 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) 22 Cash, savings, and investments 0 23 23 0 0 24 0 24 Other assets (describe ▶) 61,089 25 58,562 26 Total assets See Statement 3) 15,070 26 15,760			•			0						
20 Other changes in net assets or fund balances (attach explanation) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Image:	ets									I		
20 Other changes in net assets or fund balances (attach explanation) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Image:	Ass	19									19	46,019
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	et ,	20									-	0
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 61,089 22 58,562 23 Land and buildings 0 23 24 Other assets (describe ▶) 0 24 0 25 Total assets See Statement 3) 61,089 25 58,562 26 Total liabilities (describe ▶ See Statement 3) 15,070 26 15,760	Z											42,802
22 Cash, savings, and investments 61,089 22 58,562 23 Land and buildings 0 23 24 Other assets (describe ▶ 0 24 0 25 Total assets	Pa	art II										of Form 990-EZ.
22 Cash, savings, and investments 61,089 22 58,562 23 Land and buildings 0 23 24 Other assets (describe ▶ 0 24 0 25 Total assets 58,562 61,089 25 58,562 26 Total liabilities (describe ▶ See Statement 3 0 15,070 26 15,760				(S	See the instruction	s for Part II.)			(A) E	Beginning of y	ear	(B) End of year
23 Land and buildings 0 23 24 Other assets (describe ▶) 0 24 0 25 Total assets . . 61,089 25 58,562 26 Total liabilities (describe ▶ See Statement 3) 15,070 26 15,760	22	Casl	h, savings, a	and inve	estments					61,0		
24 Other assets (describe ►) 0 24 0 25 Total assets . . . 61,089 25 58,562 26 Total liabilities (describe ► See Statement 3 . 15,070 26 15,760	23		-									
26 Total liabilities (describe ► See Statement 3) 15,070 26 15,760	24		•									
26 Total liabilities (describe ► See Statement 3) 15,070 26 15,760 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 46,019 27 42,802	25	Tota	al assets .						.			
21 Net assets or tund balances (line 27 of column (B) must agree with line 21)		Tota	al liabilities (describ	be ► See Statem	ent 3		01))			
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat. No. 106421 Form 990-EZ (2008)											19 27	

Form	990-EZ (2008)					Page 2
	t III Statement of Program Service Accor	nplishments (See the inst	ructions for Part	III.)		Expenses
Who	t is the organization's primary exempt purpose?	Promoting the education a	nd teaching abo	ut auilts.	(Rec	uired for 501(c)(3)
Doce	ribe what was achieved in carrying out the organization	ration's exempt purposes. In	a clear and conc		and	(4) organizations
desc	ribe the services provided, the number of persons be	anofited or other relevant info	rmation for each r	vooram title	optio	4947(a)(1) trusts; onal for others.)
	Dee Chatement 4			0	- 1-	· · · · · · ,
28 _	See Statement 4					
-						
-				_		
(Grants \$) If this amount inc	ludes foreign grants, check	here	. 🕨 🗆	28a	
29 .						
-						
_						
(Grants \$) If this amount inc	ludes foreign grants, check	here	. 🕨 🗌	29a	
30						
00 -						
-						
	Grants \$) If this amount inc	ludes foreign grants, check			30a	
7					Jua	
					01-	
		ludes foreign grants, check			31a	60.002
	otal program service expenses (add lines 28a t				32	60,993
Pa	t IV List of Officers, Directors, Trustees, and Key			· · · · · · · · · · · · · · · · · · ·		,
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
		devoted to position	enter -0)	deferred compe	ensation	other allowances
See	Statement 5	_				
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Form	990-EZ (2008)		Р	age 3
Pa	t V Other Information (Note the statement requirements in the instructions for Part VI.)		X	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	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 unpaid at the start of the period covered by this return?	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
		-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		~
	L, Part I	400		-
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	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		~
41	List the states with which a copy of this return is filed. ► <u>NY</u>			
42a	The books are in care of ► Kitty Squire Telephone no. ► (718)		11- <u>55</u>	25
	Located at ► 25-31 30th Rd Apt 1C, Astoria, NY 11102 ZIP + 4 ►	1110	02	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	103	
	account)?	TLU		-
	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		~
5	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		-	
		1		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		~

Form **990-EZ** (2008)

Form 990-EZ (2008)

				-
Pa	rt VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer question and complete the tables for lines 50 and 51.	ns 4	6–49	
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		~
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
	If "Yes," was the related organization(s) a section 527 organization?	49b		

Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who 50 each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $100,000$				

Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of 51 compensation from the organization. If there is none, enter "None."

	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type o	of service	(c) Compensation
None					
Total numb	per of other independent contractors each recei	ving over \$100,000 ►			
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of	this return, including accompanying f preparer (other than officer) is ba	schedules and stat sed on all informatio	ements, and to t on of which prep	he best of my knowledge parer has any knowledge.
Sign					
Here	Signature of officer		Date		
	Kitty Squire, Treasurer				
	Type or print name and title.				
Paid Proparor's	Preparer's signature	Date	Check if self- employed ►	Preparer's Identify	ving Number (See instructions)
Preparer's	Firm's name (or yours		EIN		
Use Only	if self-employed), address, and ZIP + 4		Phon	e no. 🕨 ()
May the IF	S discuss this return with the preparer shown a	bove? See instructions			▶ □ Yes □ No
					Form 990-EZ (2008)

Page 4

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047 2 Open to Public

Department of the Treasury

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

		venue Service	A	ttach to Form 990 or Fo	orm 990-E	Z. ► See	separate	instructio	ons.		Inspection
		the organization									tion number
										3477887	
Par				arity Status (All or						e instru	ctions)
-	orga			dation because it is:						• \ /-\	
1				rches, or association			ribed in s	ection 1	70(b)(1)(/	A)(I).	
2				on 170(b)(1)(A)(ii). (Att		-	in costio	n 170/h)	(4)(A)(;;;)	(Attach C	
3 4		-	-	nospital service organ Ition operated in conj						-	
-			-	ate:					360101		
5		An organizat		the benefit of a colle			wned or c	operated	by a gov	ernmenta	I unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(k	o)(1)(A)(v)).	
7		•		receives a substantia	•	its suppo	ort from a	governm	nental uni	t or from	the general public
8				(1)(A)(vi). (Complete F d in section 170(b)(1)		Complete	Part II)				
9				receives: (1) more that				m contrib	outions. m	nembersh	ip fees, and gross
	_	•		ed to its exempt funct							
				ent income and unre						511 tax	from businesses
	_		•	after June 30, 1975.				•	,		
10		-	-	nd operated exclusive	-	-	-				
11				nd operated exclusiv							
				at describes the type				,			
		a 🗌 Type			: 🗌 Тур				-		Type III–Other
е				ify that the organizat				•			
				n managers and othe							
		509(a)(1) or s	section 509(a)(2)								
f		-		a written determinati	ion from	the IRS	that it is	a Type I	l, Type II	, or Type	III supporting
		•	, check this box								🗆
g		following pe		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•	
				r indirectly controls, e	aither alou	ne or too	lathar wit	h nerson	ne descrit	oed in (ii)	Yes No
				ning body of the sup							11g(i)
			-	rson described in (i) a		-					11g(ii)
		(iii) A 35% c	ontrolled entity of	of a person described	d in (i) or						11g(iii)
h			_	ation about the organ		-			1		
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the ion in col.	(vii) Amount of support
				above or IRC section (see instructions))	governing	document?	col. (i)	of your oort?	(i) organiz	zed in the S.?	
					Yes	No	Yes	No	Yes	No	
Tota	I										

Schedule A (Form 990 or 990-EZ) 2008

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not 12,513 10.085 99.895 12,329 32.719 32.249 include any "unusual grants.") Tax revenues levied for the organization's 2 benefit and either paid to or expended on 0 its behalf 3 The value of services or facilities furnished by a governmental unit to the 0 0 0 0 organization without charge . . . 12,513 10,085 12,329 32.719 32,249 99,895 Total. Add lines 1-3 4 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 20,000 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 79,895 6 Section B. Total Support (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total 12,513 10,085 12,329 32,719 32,249 99,895 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 166 246 142 595 41 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 15,482 8,353 28,139 11,365 32,342 95,681 (Explain in Part IV.) 196,171 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 40.73 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 98.83 15 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33¹/₃ % support test-2008. 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 / 331/2 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2 % or more, check this b box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. 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-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or b 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🗌 18

Schedule A (Form 990 or 990-EZ) 2008

Page 2

Pa	<u>'t III</u> Support Schedule for Organ (Complete only if you checke				1)(2)		
Sec	tion A. Public Support			u i i.j			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	(-) 0004	(h) 0005	(-) 0000	(4) 0007	(-) 000	
	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t organization, check this box and stop h	nere		nd, third, fourth			· · · · / _
	tion C. Computation of Public Sup	-	•		(0)		
15 16	Public support percentage for 2008 (line Public support percentage from 2007 S	chedule A, Pa	art IV-A, line 2			15 16	<u>%</u>
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17 18	Investment income percentage for 2008 Investment income percentage from 20		.,		olumn (f))	17 18	% %
19a	33 ¹ / ₃ % support tests – 2008. If the orgative 17 is not more than 33 ¹ / ₃ %, check this be	anization did n	ot check the b	ox on line 14, a			
b	33 ¹ / ₃ % support tests – 2007. If the organi line 18 is not more than 33 ¹ / ₃ %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is more t	han 331/3 %, and
20	Private foundation. If the organization	-	•	•			· _

	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Sec B, Lin	e 10-The additional income on this line is a result of special events such as quilt show, auction, trip
income, w	orkshop income, sale of memorabilia.

Statement 1 : General Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Liabilities Schedule

Statement 4 : Program Service Accomplishments

Statement 5 : Officers, Directors, Trustees and Key Employees Compensation

General Explanations

Reference:	Form 990-EZ, Part I, Line 6
Identifier:	F99Z_P01_S00_L06
Explanation:	No professional fundraisers were used for this event.

Statement 2

Form: 990-EZ Page: 1 Line Number: Part I Line 16 OtherExpensesSchedule2

Other Expenses Schedule

Description	Amount
Insurance	\$1,239
Miscellaneous	\$593
Office Supplies	\$296
Secretary and Library Expenses	\$398
Speaker Expenses	\$6,799
Workshop Expenses	\$1,190
Trip Expenses	\$29,437
Ways and Means Expenses	\$3,752
Website	\$226
Total:	\$43,930

Statement 3 Form: 990-EZ Page: 1 Line Number: Part II Line 26 OtherLiabilitiesSchedule3

Liabilities Schedule

Description	BOY	EOY
	Amount	Amount
Deferred Membership Renewals	\$5,070	\$5,760
Quilt Show and Vendor Deposits		
Grant for Programs	\$10,000	\$10,000
Uncashed Checks	\$0	
Total:	\$15,070	\$15,760

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Textile Arts Programs: The Empire Quilt Guild seeks to maintain and promote the art traditional quilting and craftsmanship skills involved in handwork. The Guild also promotes new forms of experimentation in the quilting genre such as machine work of textiles and art quilting. The Guild holds ten general meetings each year and several field trips. Membership from the greater New York City metropolitan area is solicited. The Guild also creates a number of products for at-risk infants, youth, and seniors. Constructing and donating quilts to qualified charities is one of the primary focuses of the Guild. (0 Meetings and events)	\$721		\$60,993
Total:			\$60,993

Statement 5

Form: 990-EZ Page: 2 Line Number: Part IV OfficersDirectorsEtcStatement

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Lauren Dieterich PO Box 1293 Old Chelsea Station New York, NY 10113	Vice President 6	\$0	\$0	\$0
Paula Kenney PO Box 1293 Old Chelsea Station New York, NY 10113	Vice President 6	\$0	\$0	\$0
Jennifer Bigelow PO Box 1293 Old Chelsea Station New York, NY 10113	President 6	\$0	\$0	\$0
Kitty Squire PO Box 1293 Old Chelsea Station New York, NY 10113	Treasurer 6	\$0	\$0	\$0
Gail Lefton PO Box 1293 Old Chelsea Station New York, NY 10113	Secretary 6	\$0	\$0	\$0
Cindy Russell PO Box 1293 Old Chelsea Station New York, NY 10113	Board Member 6	\$0	\$0	\$0
Mary Butler PO Box 1293 Old Chelsea Station New York, NY 10113	Board Member 6	\$0	\$0	\$0
Larry Gifford PO Box 1293 Old Chelsea Station New York, NY 10113	Board Member 6	\$0	\$0	\$0
Total:		\$0	\$0	\$0