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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization
Spectrum, Arts and Education for Peace, Inc.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
c/o 112 Walnut Hill Road
City or town, state or country, and ZIP + 4
East Lyme CT 06333

D Employer identification number
03-0273009

E Telephone number
(860) 442-0306

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **n/a**

J Tax-exempt status (ck only one) – 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

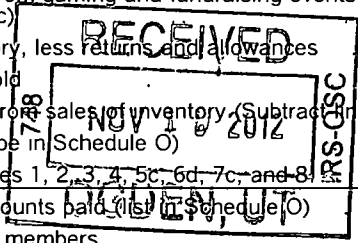
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **30,121.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|----|--|----|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 3,502. |
| 2 | Program service revenue including government fees and contracts | 2 | 24,006. |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 1. |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| b | 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) | 5c | |
| 6 | Gaming and fundraising events | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 1,048. |
| c | Less direct expenses from gaming and fundraising events | 6c | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 1,048. |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 1,564. |
| b | Less cost of goods sold | 7b | 1,777. |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | -213. |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 28,344. |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | 13,752. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 2,738. |
| 15 | Printing, publications, postage, and shipping | 15 | 59. |
| 16 | Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses | 16 | 12,945. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 29,494. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -1,150. |
| 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 | -17,805. |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt | 20 | 14,136. |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | -4,819. |

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 6,710.22 | 6,854. |
| 23 Land and buildings | 0.23 | 0. |
| 24 Other assets (describe in Schedule O) See L-24 Stmt | 3,815.24 | 2,497. |
| 25 Total assets | 10,525.25 | 9,351. |
| 26 Total liabilities (describe in Schedule O) See L-26 Stmt | 28,330.26 | 14,170. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -17,805.27 | -4,819. |

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **to promote peace at all levels of human activity**
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

| | | |
|--|-----|---------|
| 28 see attached statement of programs and activities | | |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 28,640. |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 28,640. |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| Zacciah Blackburn/WSH PO Box 389 Ascutney VT 05030 | President 0.50 | 0. | 0. | 0. |
| Leila "Tipi" Halsey/Lightgate PO Box 624 Thetford Hill VT 05074 | Trustee 0.25 | 0. | 0. | 0. |
| Julia Hikory/Joyful Noise! 112 Walnut Hill Rd East Lyme CT 06333 | Trustee 2.00 | 2,121. | 0. | 0. |
| Elmira Ingersoll/Harmony House 42 Gungy Road Lyme CT 06371 | Trustee 1.00 | 0. | 0. | 0. |
| Joanne Shapp/Piece Offerings 204 Hewitt Hill Road North Pomfret VT 05053 | Trustee 0.10 | 0. | 0. | 0. |
| Elizabeth Frank/Cult Peace 212 Mt. Independence Road Orwell VT 05760 | Trustee 0.10 | 0. | 0. | 0. |
| Nancy Masino / ESI 630 Hinesburg Road, #21 So. Burlington VT 05403 | Trustee 2.00 | 0. | 0. | 0. |
| Michael Gigante / NE PNI 31 Frog Hill Brattleboro VT 05301 | Secretary 3.00 | 2,460. | 0. | 0. |
| Rupa Cousins 372 Canoe Brook Road East Dummerston VT 05346 | Treasurer 3.00 | 1,710. | 0. | 0. |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O | <input type="checkbox"/> | <input type="checkbox"/> |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b 14,170. | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Section 501(c)(7) organizations. Enter | <input type="checkbox"/> | <input type="checkbox"/> |
| a Initiation fees and capital contributions included on line 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross receipts, included on line 9, for public use of club facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| 39a | <input type="checkbox"/> | <input type="checkbox"/> |
| 39b | <input type="checkbox"/> | <input type="checkbox"/> |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40e | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed ▶ | <input type="checkbox"/> | <input type="checkbox"/> |

42a The organization's books are in care of ▶ Richard Barrows Telephone no ▶ (802) 785-4607
 Located at ▶ PO Box 245 Thetford Center VT ZIP + 4 ▶ 05075

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 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)? If 'Yes,' enter the name of the foreign country ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| c 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 ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 ▶ **43**

| | Yes | 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization receive any payments for indoor tanning services during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 44d | <input type="checkbox"/> | <input type="checkbox"/> |
| 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 45b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

| | Yes | No |
|----|-----|----|
| 47 | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

| | | |
|----|--|---|
| 48 | | X |
|----|--|---|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|-----|--|---|
| 49a | | X |
|-----|--|---|

b If 'Yes,' was the related organization a section 527 organization?

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| None | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

e Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of 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 of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: [Signature] Date: 11/14/12
 Type or print name and title: Zacciah Blackburn **President**

Paid Preparer Use Only
 Print/Type preparer's name: Richard L. Barrows Preparer's signature: [Signature] Date: 11/13/12
 Firm's name: Richard L. Barrows Check if self-employed PTIN: P00232888
 Firm's address: P.O. Box 245 Firm's EIN: VT 05075-0245
Thetford Center Phone no: (802) 785-4607

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 Form 990-EZ (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

| | |
|---|---|
| Name of the organization Spectrum, Arts and Education for Peace, Inc. | Employer identification number 03-0273009 |
|---|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 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 trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

| Calendar 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'.) | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 activities, etc (see instructions) | | | | | 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | % |
| 16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |
| b 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 supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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.)

Section A. Public Support

| Calendar year (or fiscal yr 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'.) | 4,068. | 7,533. | 2,436. | 1,794. | 3,502. | 19,333. |
| 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 | 4,247. | 21,975. | 6,710. | 45,673. | 24,006. | 102,611. |
| 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 furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 8,315. | 29,508. | 9,146. | 47,467. | 27,508. | 121,944. |
| 7a 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 | | | | | | |
| c Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 121,944. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 8,315. | 29,508. | 9,146. | 47,467. | 27,508. | 121,944. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11. | 17. | 32. | 13. | 1. | 74. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 11. | 17. | 32. | 13. | 1. | 74. |
| 11 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 lns 9, 10c, 11, and 12) | 8,326. | 29,525. | 9,178. | 47,480. | 27,509. | 122,018. |
| 14 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.94 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 99.93 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.06 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 0.07 % |

- 19a 33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Spectrum, Arts and Education for Peace, Inc.

Employer identification number

03-0273009

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) Leila Tipi Halsey operating exp | X | | 5,251. | 5,251. | | X | X | | | X |
| (2) Za'cciah Blackburn operating exp | X | | 6,025. | 6,265. | | X | X | | | X |
| (3) Elizabeth Carpenter operating exp | X | | 1,601. | 1,961. | | X | X | | | X |
| (4) Julia Hikory operating exp | X | | 550. | 351. | | X | X | | | X |
| (5) Carol Orgain operating exp | X | | 342. | 342. | | X | X | | | X |
| (6) see attached statement | X | | 0. | 0. | | X | X | | X | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| Total | | | | ▶ \$ 14,170. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

| | |
|----------------------------------|-----------------------|
| Marketing and advertising | 1,582. |
| Bank Charges | 0. |
| Donations Out | 10. |
| Professional Education | 56. |
| Professional Library | 0. |
| Office | 23. |
| Equipment Rental | 95. |
| Production Expenses | 0. |
| Program Expenses | 5,753. |
| Supplies | 1,327. |
| Travel and mileage | 2,048. |
| Conference Lodging | 1,229. |
| Telephone | 772. |
| Dues | 50. |
| Insurance | 0. |
| Total | <u>12,945.</u> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

| Description | Amount |
|---|-----------------------|
| Transfer in asset - add NEPNI bank account | 1,818. |
| Transfer out asset - drop Comp Comm bank account | -1,066. |
| Transfer out asset - drop VNVC bank account | -66. |
| Adjustment of Accts Receivable - uncollectable | -75. |
| Transfer out VNVC Inventory | -1,235. |
| Adjustment of Services Payable owed to Trustee | 14,760. |
| Total | <u>14,136.</u> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

| Line 24 - Other Assets: | Beginning of Year | End of Year |
|---------------------------------|----------------------|----------------------|
| Inventory - Joyful Noise | 2,505. | 2,497. |
| Inventory - VNVC | 1,235. | 0. |
| Accounts Receivable | 75. | 0. |
| Total | <u>3,815.</u> | <u>2,497.</u> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

| Line 26 - Total Liabilities: | Beginning of Year | End of Year |
|-------------------------------------|----------------------|----------------|
| Accounts Payable | 0. | 0. |
| Loans Payable to Trustees | 13,570. | 14,170. |
| Services Payable to Trustees | 14,760. | 0. |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Continued

| Line 26 - Total Liabilities: | Beginning of Year | End of Year |
|-------------------------------------|------------------------------|------------------------|
| Total | <u>28,330.</u> | <u>14,170.</u> |

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Part III, Line 28 – Statement of Program Service Accomplishments:

Spectrum: We provided administrative support to each of our projects.

Cultivating Peace: (inactive) The focus of the group is to share with and learn from cross-cultural communities ways in which to live more sustainably, celebrate diversity, and deepen connections to the natural world. Sharing permaculture principles with youth is a priority. Working with schools to encourage nature-based learning and to provide healthier food choices are among our goals. Cultivating Peace was basically inactive this year, making the preparations necessary for the host farm to sponsor future workshops and events.

Earth Spirit Initiative: This group joined the organization in January 2010. Earth Spirit Initiative is established to honor the sacredness of the land, to advocate living harmoniously with natural systems and to empower the current worldwide transformation of consciousness.

We encourage a holistic understanding of the universe, planet Earth and all its life forms by recognizing their inter-connectedness and we promote healthy and sustainable relationships with the whole Earth and one another. We support solution-seeking that recognizes and respects the spirit in all and is informed by intuition, insight, experience and synchronicity as well as logic, experimentation and observation.

Earth Spirit Initiative hosted a Spring conference this year. We had over 95 participants along with speakers from the United States, Canada, and England on the topic “ Toward 2012 – Be the Change!” .

Harmony House: We sponsored several classes, meetings, and workshops on personal growth and spiritual growth through the year, serving more than 550 people. There was a weekly Course in Miracles study group with 4-6 people attending. The Subud study group met twice weekly with a membership of 6-8 people. The Namaste discussion group was held monthly with a total of 130 people attending.

Joyful Noise!: We served an estimated total of more than 100 people through our educational concerts, drum circles, and workshops celebrating cultural diversity, a healthy planet, and a just and peaceful world. These events are typically held at schools, churches, and libraries. We had a concert for St. Francis Day Blessing of the Animals, and we held an ongoing seminar on “Music and Social Change”.

Lightgate Learning Center for Body, Mind, and Spirit: (inactive) This center offers day and evening classes, talks, workshops, and gatherings as learning opportunities for all ages. Due to changes at the facility, there were no events scheduled in 2011.

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NE Psychoneuroimmunology Institute (NEPNI) This is a new project for 2011. We have been created to disseminate the latest evidence-based information relating the mind (psycho), to the brain and nervous system (neruo), as well as the immune system (immunology) to professionals in the health care delivery fields, and general public. Our group will be training individuals to harness the power of their minds to positively influence their bodies, to promote health, healing, and well-being.

Our goal is to create support groups, engage in training and community outreach, hold individual sessions, run retreats, and engage in scientific research to further the knowledge in the field.

In the spring we held a ten week class with 14 participants. In the fall we held two classes – one for ten weeks with 12 participants, and a Level 2 class for nine weeks with 9 participants.

In addition we held a 2-hour Physician's support group once a month from September to December with 5 regular participants.

Piece Offerings: (inactive) Artist Joanne Shapp has a variety of original art available in her studio that can be obtained for a donation directly to a non-profit organization. There were no activities in 2011. We withdrew from the organization at the end of 2011.

World Sound Healing (WSH): We embrace the use of sound as a healing catalyst in simple ceremony throughout the world. We are primarily internet-based (www.worldsoundhealing.org). We have archived a number of interviews and programs, and continue to distribute information to our online community of more than 4,000 people. We discontinued our live webcasts in 2009. However, we still maintain the website with archives of previous programs, and links to current events of interest.

Part IV. List of Officers and Directors

See Form 990-EZ for information. There were no employee benefit plans. Times listed include program work on participating activities. Any compensation received was for direct services performed on behalf of their respective project(s). All reimbursements were accountable.

Part V., Line 33 – New Activities

There was one new activity for 2011, The Northeast Psychoneuroimmunology Institute (NEPNI).

At the end of 2010, the following projects voluntarily withdrew from Spectrum: Compassionate Communications, NSP-CT, and VT Non-Violent Communication. Any project assets remaining were transferred directly to other qualifying 501(c)3 organizations. These transfers out are indicated on Part I., Line 20 – Other changes in net assets.

At the end of 2011, Piece Offerings voluntarily withdrew from Spectrum. There were no assets.

Spectrum, Arts and Education for Peace, Inc.

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2011 Form 990-EZ

Current projects for 2011 include:

Cultivating Peace (*inactive*)

Earth Spirit Initiative

Harmony House

Joyful Noise!

Lightgate Learning Center for Body, Mind, and Spirit (*inactive*)

NE Psychoneuroimmunology Institute (*new for 2011*)

Piece Offerings (*inactive*) (*discontinued at year-end*)

World Sound Healing

Part V., Line 38a – Loans from Trustees

At the beginning of the year, Trustees Tipi Halsey, Carol Orgain (former), Julia Hikory, Elizabeth Frank, and Zacciah Blackburn had outstanding loans to the organization totaling \$13,569.82 plus \$14,760 in accounts payable to Zacciah Blackburn for services rendered to his group, WSHO. During the year, Elizabeth Frank loaned an additional \$360 to Cultivating Peace. Zacciah Blackburn provided an additional \$240 in cash to WSHO.

At year-end, Zacciah Blackburn agreed to remove his liability for services payable in the amount of \$14,760. This adjustment is reflected on Part I, Line 20 – Other changes in net assets.

For all such loans from Trustees, cash was provided to meet ongoing cash flow needs, the interest rate is zero percent, no security has been provided, and repayment is as circumstances permit. End of year balances are \$14,169.82 in loans payable to Trustees.

Lender: Lelia (Tipi) Halsey

Position: Trustee and Director, Lightgate Learning Center

Loan balance at the beginning/end of the year: \$5,251.19

Lender: Julia Hikory

Position: Trustee and Director, Joyful Noise!

Loan balance at the beginning of the year: \$350.60

Repayments: \$0

Loan balance at the end of the year: \$350.60

Lender: Carol Orgain

Position: Trustee and Director (former), Joyful Noise!

Loan balance at the beginning/end of the year: \$342

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Lender: Elizabeth Frank

Position: Trustee and Director, Cultivating Peace

Loan balance at the beginning of the year: \$1,601.36

Additional loans provided: \$360

Loan balance at the end of the year: \$1,961.36

Lender: Zacciah Blackburn

Position: Trustee and Co-Director, World Sound Healing

Loan balance at the beginning of the year: \$6,024.67 + \$14,760 (services, accounts payable)

Repayments: \$14,760 services payable forgiven

Additional loans provided: \$240

Loan balance at the end of the year: \$6,264.67