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Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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. 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.

For the 2012 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Address change 03-0364576 THE COMMONS GROUP, LTD Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | E Telephone number Initial return 609 COMMON ROAD 496-4422 Terminated City or town, state or country, and ZIP + 4 F Group Exemption WAITSFIELD. VT 05673 Number > Application pending X Cash Accrual Accounting Method: Other (specify) H Check ▶ __if the organization is **not** Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) 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 <u>45,790.</u> 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 17,373. Contributions, gifts, grants, and similar amounts received 1 2 28,417 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a ဇာ b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than SCAIREVERUE \$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) 6Ь 6c c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 76 FINE b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c MAY 1 7 2013 Other revenue (describe in Schedule O) 8 8 ത 45,790. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 28,778. 12 Salaries, other compensation, and employee benefits 12 300. 13 Professional fees and other payments to independent contractors 13 SEE SCHEDULE O 163. 14 Occupancy, rent, utilities, and maintenance 14 576. 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 16,032. 17 Total expenses. Add lines 10 through 16 17 45,849. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -59. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 937. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21

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

Form **990-EZ** (2012)



orm	990-EZ			S GROUP, LTD			<u> </u>	<u>03645</u>	<u>76 Page 2</u>
Pa	rt II		•	instructions for Part	•				
		Check if the or	rganization	used Schedule O to	respond to any que	stion in this Part II			X
						(A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investm	ents			530	. 22		634.
23	Land a	and buildings					23		
24	Other	assets (describe in Se	chedule O)	SEE SCHEDULE	E O	<u>407</u>	_		244.
25	Total	assets				937	<u> 25</u>	<u> </u>	878.
26	Total	liabilities (describe ii	n Schedule O)			0			0.
27	Net as	ssets or fund balance	s (line 27 of col	umn (B) must agree with line	21)	93 <u>7</u>	. 27		878.
Pa	rt III			Service Accomplish					rpenses
		Check if the o	rganization	used Schedule O to	respond to any que	stion in this Part III			for section and 501(c)(4)
Nha	t is the o	organization's primary	exempt purpos	e?THEATRICAL F	PERFORMANCE E	DUCATION			ons and section
Desa	ribe the or	rganization's program ser	vice accomplishme	ints for each of its three largest pro	gram services, as measured by ex	penses in a clear and concise		4947(a)(1) trusts; optional
				sons benefited, and other relevant			_	for others.	.)
28	PLAY	PRODUCTI	ONS AND	EDUCATIONAL	PROGRAMS FOR	PERFORMERS.			
								1 1	
								1	
	(Grants	\$) If	this amount includes fore	ign grants, check here	•		28a	45,849.
29					<u> </u>				
								1	
	(Grants	\$) If	this amount includes fore	an grants, check here			29a	
30	<u> </u>								
] }	
	(Grants	· \$) If	this amount includes fore	ign grants, check here			30a	
		program services (d					<u></u>		-
	(Grants	•		this amount includes fore	ion grants, check here	•		31a	
				lines 28a through 31a)	igit granto, ortook rioro		▔	32	45,849.
	rt IV	List of Office	rs. Directo	rs, Trustees, and Ke	ev Employees List each	one even if not compensated (s	see the	instructions fo	or Part IV
					J = J	· •• • • • • • • • • • • • • • • • •	3000		
		Check if the o	rganization	used Schedule O to	respond to any que	stion in this Part IV	,		
		Check if the o	rganization	used Schedule O to	respond to any que			alth hanafite	(a) Estimated
	<u>-</u>				(b) Average hours	(C) Reportable compensation (Forms	(d) He	palth benefits,	(e) Estimated
			rganization (a) Name and titl			(C) Reportable	(d) He contr emple plans,	ributions to byee benefit and deferred	(e) Estimated amount of other compensation
DF	m D D	(a) Name and titl		(b) Average hours per week devoted t	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	ributions to byee benefit	amount of other
		G. BOYNTO	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR	ESII	G. BOYNTO	a) Name and titl		(b) Average hours per week devoted t	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	ributions to byee benefit and deferred	amount of other
PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
PR JA	ESII NET	G. BOYNTO	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
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PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
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PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
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PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation
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PR JA	ESII NET	G. BOYNTO DENT/TREAS BROWN	a) Name and titl		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ributions to byee benefit and deferred spensation	amount of other compensation

232172 01-11-13

THE COMMONS GROUP, LTD

03-0364576

orm 990-EZ (2	2012) THE COMMONS GROUP, LTD			03-03645			age 4
46 Did the or	ganization engage, directly or indirectly, in political campaign activitie	e on behalf of or in onnosit	ion to candidates for n	ublic office?		'es	NO
	omplete Schedule C, Part I	is oil belian of or in opposit	ion to candidates for pr	ablic office:	46		х
	Section 501(c)(3) organizations only						
	All section 501(c)(3) organizations must answer questions 47-	49b and 52, and comple	ete the tables for line	s 50 and 51		_	
	Check if the organization used Schedule O to respond to any	question in this Part VI		<u>-</u> ,		<u> </u>	
				-		es_	<u>No</u>
	rganization engage in lobbying activities or have a section 501(h) elec		year? If "Yes," complet	e Sch. C, Part II	47		X
-	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c	•		-	48	-+	X
	rganization make any transfers to an exempt non-charitable related or vas the related organization a section 527 organization?	ganization?		F	49a 49b		X
	this table for the organization's five highest compensated employees	Other than officers, directi	ors trustees and key er	_		ved m	ore
	0,000 of compensation from the organization. If there is none, enter *N		ors, trustees and key or	iipioyoos) iiilo ca		veu iii	010
<u> </u>	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits,	(e) E	stima	ted
	paid more than \$100,000	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	1	nt of o	
	NONE	position		plans, and deferred compensation	com	pensat	tion
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	ion. If there is none, enter "None." NONE d address of each independent contractor paid more than \$100,000	(b) Type	e of service	(c) C	ompens	sation	
		-			 .		
	nber of other independent contractors each receiving over \$100,000		>				
	rganization complete Schedule A? Note: All section 501(c)(3) organization	ations and 4947(a)(1) none	exempt		.		7
Under penalties o	e trusts must attach a completed Schedule A f perjury, I declare that I have examined this return, including accompanying sched	dules and statements, and to the	best of my knowledge and	belief, it is true, com	Yes ect, and	complet	No_te
Declaration of pre	parer to ther than officer) to based on all information of which preparer has any know	wledge		<u>-</u>			
Sign Here	Signleture of officer Type or print name and title)		Date			
	Print/Type preparer's name Preparer's surnature	Date .	/ Check	☐ If PTIN			
Paid	Trinorype preparer s maine		self- emplo	-			
Preparer	ROBERT J. HOLDEN	· \\\ \\\ \\\ \\\ \\\ \\ \\ \\ \\ \\ \\	1/3	P012	2227	0 4	
Use Only	Firm's name > HALL & HOLDEN, P.C.		Firm's EIN				
-	Firm's address ▶ PO BOX 1427		Phone no.		6-3)
	WAITSFIELD, VT 05673				_		-
May the IRS di	scuss this return with the preparer shown above? See instructions			▶ 2	Yes		No
				F	orm 99()-EZ (2	2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

2012

Open to Public Inspection

Nan	ne of t	he organizati	on						E	mployer	identificati	ion nu	mber
	THE COMMONS GROUP, LTD									03-0364576			
Pa	rt I	Reason		ity Status (All organiz		st complet	e this par	t.) See inst	ructions.				
Γhe	organ	zation is not a	private foundation	because it is. (For lines	1 through	11, check	only one b	oox.)					
1				s, or association of chur).				
2				'0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization			170(b)(1)	(A)(iii).					
4	同			operated in conjunction					(b)(1)(A)(iii). Enter	the hospital	l's nam	ne,
		city, and state.											
5				benefit of a college or ur	niversity o	wned or or	erated by	a governi	mental ur	nt describ	oed in		
_		-	(b)(1)(A)(iv). (Comple		•	•	•						
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	一			eives a substantial part					or from th	e general	public desc	ribed	ın
•		-	b)(1)(A)(vi). (Comple		o		3			- 3	p		
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	\mathbf{x}			eives: (1) more than 33			rom contr	ibutions, n	nembersh	up fees, a	ınd aross re	ceints	from
Ŭ	سعما	-	•	nctions - subject to certa							-		
				axable income (less sect							-		
			509(a)(2). (Complete		don o m te	D, HOIH DU	31103300	acquired b	y ino org	a nzation	artor ourie c	,, 13,	•
10	\Box			perated exclusively to te	et for publ	ic cafety S	Soo sootid	n 500/a\/	4\				
11	旨	=	=	perated exclusively to te perated exclusively for th						ny out the	nurnoses (of one	or
• •	ш	_	=	ations described in secti						-			٠.
				organization and compl				L). OCC 361	20011 505	(a)(S). On	ioon the box	tilat	
		a Type I				nctionally i			ı 🗀 Tyı	oe III . No	n-functional	ly inter	aratad
е	\Box	•	•	at the organization is not		-	-		-				-
٠				han one or more publicly									u i
f			•	ten determination from t		_				/3(a)(1) 01	30011011 300	/(α/(∠).	
•			rganization, check th			atitisa ty	pe i, Type	in, or Type	3 III				
_			-	organization accepted ar	ay aift or a	ontribution	from any	of the foll	Dwina nai	reone?			
g		-		lirectly controls, either al			-				,	Yes	No
				upported organization?	one or tog	etries with	persons	aescribed	iii (ii) aiiu	(III) Delove		163	140
		-	• -	n described in (i) above?	1						11g(i)	 	
			•	person described in (i)		o2					11g(ii)		
			•	•	• •					•	11g(iii)	_	<u> </u>
h	l	Provide the to	ollowing information	about the supported or	ganization	(S)							
_		-			tina la tha c		(a) Did va		(vi) I	s the			
(i		of supported	(ii) EIN				organ		lorganizat	ion in col. I	(vii) Amount of mon		netary
	orga	anization			governing document? (i) of your support?		(i) organi U.	zed in the S.?	Sup	port			
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
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232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

<u></u>	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	1	ļ		ļ		
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			l			
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge	L					
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					i	,
	amount shown on line 11,					1	
	column (f)			1		1	
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	,				ļ	
	securities loans, rents, royalties	İ		ł		ŀ	
	and income from similar sources					ļ	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital					ŀ	
	assets (Explain in Part IV)					ļ	
11	Total support. Add lines 7 through 10					1	
12		etc. (see instructi	ons)		·	12	
	First five years. If the Form 990 is fo			rd. fourth, or fifth t	ax vear as a section		
	organization, check this box and stop	•	,	,,	,	(-)(-)	▶□
Se	ction C. Computation of Publ		rcentage	-			
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11,	column (f))		14	9
15				.,,	•	15	9,
16	33 1/3% support test - 2012. If the	organization did no	ot check the box of	on line 13, and line	14 is 33 1/3% or i	more, check th	is box and
	stop here. The organization qualifies	_					
ı	33 1/3% support test - 2011. If the		-		d line 15 is 33 1/3%	6 or more, che	ck this box
	and stop here. The organization qual					, ,	▶□
17:	a 10% -facts-and-circumstances tes	· · ·			e 13. 16a. or 16b.	and line 14 is	10% or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						▶
ŀ	10% -facts-and-circumstances tes	=			-	17a, and line 1	15 is 10% or
•	more, and if the organization meets the	_					
	organization meets the "facts-and-cire				•		▶ □

232022 12-04-12

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 THE COMMONS GROUP, LTD

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

Sec	etion A. Public Support	SICW, PICKSO COMP	isto i die ii.j				· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received. (Do not			i		1	
	include any "unusual grants ")	18,842.	12,563.	11,430.	_16,200.	17,373.	76,408.
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	39,845.	35,859.	32,435.	32,788.	28.417.	169,344.
2	Gross receipts from activities that	- 32,043.			52,,00.		
3	are not an unrelated trade or bus-						
	iness under section 513						
	• •	-,					
4	Tax revenues levied for the organ-	İ		Į.			
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	ļ	ļ	ļ			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	58,687.	48,422.	43,865.	48,988.	45,790.	245,752.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ſ		[
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	5,000.	2,500.	2,500.			10,000.
_	Add lines 7a and 7b	5,000.	2,500.	2,500.			10,000.
		3,000	4,500.	4,500			
	Public support (Subtract line 7c from line 6) ction B. Total Support						235,752.
			(1) 0000	/) 2245	(11 004 1		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6	58,687.	48,422.	43,865.	48,988.	45,790.	245,752.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalities						
	and income from similar sources						
b	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					·	
	: Add lines 10a and 10b					·	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				i		
12	Other income. Do not include gain		-			<u>-</u> .	
	or loss from the sale of capital						
12	assets (Explain in Part IV)	58,687.	48,422.	43,865.	48,988.	45,790.	245,752.
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	TIRST, SECOND, third	i, iouπn, or titth ta	x year as a sectior	1 501(c)(3) organiz	ation,
Sad	check this box and stop here ction C. Computation of Publ	ic Support Por	reentage	·			
				aluman (f))		45	05 02 0
	Public support percentage for 2012 (I		•	piumn (t))	-	15	95.93 %
	Public support percentage from 2011			 -		16	92.13 %
<u>5e</u>	ction D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colum	in (f) divided by line	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2011 Schedule A, F	Part III, line 17		Į	18	
19a	33 1/3% support tests - 2012. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	ition	▶X
b	33 1/3% support tests - 2011. If the		-				and
	line 18 is not more than 33 1/3%, che	=					▶□
20	Private foundation. If the organization			· ·			▶ □
	23 12-04-12						0 or 990-EZ) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE COMMONS GROUP, LTD

Employer identification number 03-0364576

THE COMMONS GROUP, LID		
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT	, UTILITIES, AND MAINTENANCE	<u>E:</u>
DESCRIPTION OF EXPENSES:	AMOUNT:	
DEPRECIATION	1	<u>63.</u>
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:	
ADVERTISING	1,69	91.
CABARETS EXPENSE		90.
WEBSITE DESIGN AND MAINTENANCE	1	<u>56.</u>
BANK CHARGES	1	<u>75.</u>
PROPS AND SET EXPENSES	1,28	82.
FUND RAISING EXPENSE	4:	12.
LIGHTING DESIGN	9:	95.
SUPPLIES		84.
MISCELLANEOUS PRODUCTION EXPENSE	1,6	<u>45.</u>
ROYALTIES	2,3	<u>65.</u>
SOUND AND PRODUCTION	6,9	<u>77.</u>
TRAVEL	1	60.
TOTAL TO FORM 990-EZ, LINE 16	16,0	<u>32.</u>
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR END OF Y	EAR
OTHER DEPRECIABLE ASSETS	407. 2	44.
FORM 990-EZ, PART V, INFORMATION REGARDING PE	ERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, REC		2012)
232211 01-04-13		/

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

2012
Open to Public

Name of the organization	Employer identification number
THE COMMONS GROUP, LTD	03-0364576
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	ract.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	