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Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public

Address change Doing Business As Fletcher Farm School for the Arts & Crafts Name change Number and street (or P O box if mail is not delivered to street address) Fletcher Farm School for the Arts & Crafts Number and street (or P O box if mail is not delivered to street address) Fletcher Farm School for the Arts & Crafts Number and street (or P O box if mail is not delivered to street address) Fletcher Farm School for the Arts & Crafts Number and street (or P O box if mail is not delivered to street address) Fletcher Farm School for the Arts & Crafts City, town or post office, state, and ZIP code	Der 31 , 20 1 Z Demployer identification number 03-6004107 Telephone number 802-228-8770. Geross receipts \$ proup retum for affiliates? Yes X No
B Check if applicable: C Name of organization Society of Vermont Artists & Craftsmen, Inc. Doing Business As Fletcher Farm School for the Arts & Crafts Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 611 Route 103 South City, town or post office, state, and ZIP code	O Employer Identification number 03-6004107 E Telephone number 802-228-8770. G Gross receipts \$ proup retum for affiliates? Yes No
Address change Name change Number and street (or P O box if mail is not delivered to street address) Initial return Terminated Doing Business As Fletcher Farm School for the Arts & Crafts Number and street (or P O box if mail is not delivered to street address) Room/suite E City, town or post office, state, and ZIP code	802-228-8770. Gross receipts \$ roup return for affiliates? Yes X No
Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Initial return 611 Route 103 South City, town or post office, state, and ZIP code	802-228-8770. Gross receipts \$ roup return for affiliates? Yes X No
Initial return Terminated 611 Route 103 South City, town or post office, state, and ZIP code	G Gross receipts \$ proup return for affiliates? Yes No
Terminated City, town or post office, state, and ZIP code	G Gross receipts \$ proup return for affiliates? Yes No
	roup return for affiliates? Yes No
	roup return for affiliates? Yes No
_	
	affiliates included? Yes No
	" attach a list (see instructions)
	exemption number
K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1947	M State of legal domicile VT
Part I Summary	The state of the s
1 Briefly describe the organization's mission or most significant activities: Operate a School for	the Arts & Crafts
Check this box ▶☐ if the organization discontinued its operations or disposed of more than 2 Number of voting members of the governing body (Part VI, line 1a)	
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)	3 8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 1
6 Total number of volunteers (estimate if necessary)	6 25
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0
Prior Year	r Current Year
8 Contributions and grants (Part VIII, line 1h)	16700. 1770 <i>l</i> .
9 Program service revenue (Part VIII, line 2g)	132030. //6/98.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11053. 12417.
12 Total revenue – add lines 8 through 11 (must equal Part VIII column (A), line 12)	159803. 146316.
13 Grants and similar amounts paid (Part IX column (A), lines 1	0 0
14 Benefits paid to or for members (Part IX, column (A), line 4) /	0 0
g 15 Salaries, other compensation, employee benefits (Part IX) column (A), lines 5-10)	53610. 32596.
16a Professional fundraising fees (Part IX/column (A), line 11e) 13 . / 0/	0 0
X	
Tr Other expenses (Fart IX, Column (A), lines Tra-Tro-1172#97	114730. //6928.
	168340. 149524.
	(8537.) (3208.)
Beginning of Curre 20 Total assets (Part X, line 16)	
명한 20 Total assets (Part X, line 16)	55104. 45 <i>9</i> 87.
21 Total liabilities (Part X, line 26)	<u>13860.</u> 7 <i>951.</i>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>41244.</u> <u>38036.</u>
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Department of preparer (other than office) is based on all information of which preparer has any knowled	best of my knowledge and belief, it is
- 1	age /
Sign Sprayure or officer Date	8/15/13
Here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
a contract of the contract of	8/15/13
Doctor Chan man I mance on ECTO	Other PTIN
Paid	Check III
Preparer	self-employed
	s EIN ►
Firm's address ► Phone May the IRS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · Yes · No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Cat No 11282Y

Part	
1	Check If Schedule O contains a response to any question in this Part III
•	A variety of Art & Craft classes are provided by professional craftspeople, handmade crafts made by members are sold to the public
	and two (2) craft fairs are held to demonstrate various crafts. In addition a dining hall is operated to serve meals to students and
	instructors.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 126413_ including grants of \$ 0) (Revenue \$ 102.606_)
	Classes and workshops ranging from 1 to 7 days in length, teaching a large variety of traditional and modern crafts along with fine art classes. Year Round Operation
4b	(Code:) (Evenence & / Zotte unduding grants of \$ 0) (Pavenue & 0.7//5)
40	(Code:) (Expenses \$ 17008, including grants of \$ 0) (Revenue \$ 20748,)
	Consignment Craft Shop where members can sell their handwork
	Summer Operation
4c	(Code: -) (Expenses \$ 5857, including grants of \$ 0) (Revenue \$ 6950,)
	Craft demonstration weekends with space rentals to exhibitors
	2 held annually
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Part	Checklist of Required Schedules			
			Yes	No
1	Js the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	-
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		✓
00	If "Yes," complete Schedule G, Part III	19		√
_	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓_
D	IT TYES TO THE ZUA, ORD THE OFGANIZATION ATTACH A CODY OF ITS AUDITED TINANCIAL STATEMENTS TO THIS RETURN?	こといわ		ı

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ ·
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
38	Part VI	37		✓
-	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

	90 (2012)			Page !
Part	_ ,			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		<u>. L</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		•
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		1 -
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ļ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	*	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ŀ
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	١_ ١		
L		7a		 √
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	-
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	16		"
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	╁┷
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	 -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	· · · · · · · · · · · · · · · · · · ·	40-		-
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	194		-
b	Enter the amount of reserves the organization is required to maintain by the states in which			

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

	0 (2012)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Socti	Check if Schedule O contains a response to any question in this Part VI	<u>· · · · </u>		. 🗸
Section	On A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or	7		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		 	
	stockholders, or persons other than the governing body?	7b	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	• •	00	, .	
a b	The governing body?	8a 8b	1	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		_	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l	'	ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	ļ	✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		✓_
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
þ	Other officers or key employees of the organization	15b		✓_
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		j 1
Secti	on C. Disclosure	1 100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	on 501((c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ▶	s of the	;	

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Page 7

Part VII	Compensation of Officers, Directors, Trust	ees, Key Employees, Highest Compensated Employees, an	ıd
	Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee)						(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LAYNE HERSCHEL										
BOARD CHAIRMAN	25	✓		1		1	ŀ	o	0	
(2) WANDA ROHLOF										
BOARD SECRETARY (TEMPORARY)	MANY	1		1			ŀ	o	0	
(3) CAROLYN SCOTT										
FINANCE DIRECTOR	20	✓					ŀ	lo	0	
(4) CYNTHIA SHEEHAN										
CRAFT FAIR DIRECTOR	MANY	✓					l	o	0	(
(5) WANDA ROHLOF										
CRAFT SHOP DIRECTOR	MANY	✓						о	o	
(6) RIGMOR FRINK										
AUCTION DIRECTOR	MANY	✓	L			<u> </u>	L	0	0	
(7) CHERYL GANTKIN										
MEMBERSHIP DIRECTOR	MANY	✓						0	0	
(8) JOYCE FULLER										
VOLUNTEERS DIRECTOR	MANY	✓						0	0	
(9) HAROLD BOSCO										
MARKETING DIRECTOR	MANY	✓			<u> </u>			0	0	
(10)	İ									
(11)										
(12)										
(13)				ļ						
(14)				-	\vdash					

		1									•			
	. (A) Name and trite	(B) Average hours per	Average box, unless person is both an ours per officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated m amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	comp fro orga and	ensation the nization related	1
(15)							-							
(16)														
(17)														
(18)													•	
											.			
(24)			ļ Į											
(25)														
1b c d	Sub-total	t VII, Sectio	n A					> > >						
2	Total number of individuals (including bureportable compensation from the organ		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive for services rendered to the organization													✓
Section	on B. Independent Contractors	i: ii Tes, C	Jonipi	ele.	307	CUL	110 0 1	0/ 3	acii persori	· · · ·		5	L.,	<u> </u>
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of s	ervices	((C) Compens	sation	
											-			
														

Form **990** (2012)

Par	VIII	Statement of Revenue	 			- rage U
		Check if Schedule O contains a response to any ques				
,	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b 6440. Fundraising events 1c 5466. Related organizations 1d				
ntributions d Other Sin	e f g	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 5855. Noncash contributions included in lines 1a-1f: \$				
ပ္သ နို	h	Total. Add lines 1a–1f	17701.			
Program Service Revenue	2a b c	Business Code				-
am Ser	d e					
rogo.	f	All other program service revenue .	122968.	122968.		<u></u> .
	<u>g</u> 3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,	122968			<u> </u>
	4 5	and other similar amounts)	0	0		
	6a b c d	Gross rents . Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Real (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iii) Personal (iv) Personal				
	b	assets other than inventory Less. cost or other basis and sales expenses .				
	c d	Gain or (loss)	-			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
þē	_	See Part IV, line 18 a 3/55/.				
ŏ	1	Less: direct expenses b 25904.	- 1			-
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	5647.			
		Less: direct expenses	-			
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b Net income or (loss) from sales of inventory ▶	-			
		Miscellaneous Revenue Business Code				_
	11a					
	b					
	d	All other revenue				
	12	Total revenue. See instructions	14/21/2	1//-3/6	.	

	unctional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		ın this Part IX .		<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	29971.	29971.		
9	Other employee benefits	0	0		
10	Payroll taxes	2625.	2625		
11	Fees for services (non-employees):				
а	Management				
b	Legal				-
C	Accounting	990.		990.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion	1380.	1380.		
13	Office expenses	2222.	1922.	300.	
14	Information technology	9999	7 100		
15	Royalties				
16	Occupancy	12000.	12000-		
17	Travel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2560.	2560.		
23	Insurance	250.	250,		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O.)				
а	Membership Costs	90.		90.	
b	Membership Costs Miscellaneous	214.		214.	
C	Jchedule I	97222.	97222.		
d			• 1		
е	All other expenses	L.,,	. / 2 5		
25	Total functional expenses. Add lines 1 through 24e	149524.	141930.	1594	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part 3	x		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3681.	1	3588.
	2	Savings and temporary cash investments	1371.	2	
	3	Pledges and grants receivable, net	,	3	
	4	Accounts receivable, net	4830.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			'
		Complete Part II of Schedule L		5	
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
A	8	Inventories for sale or use	925.	8	<u>200.</u>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			,
		1,000			1 200
	J b	Less: accumulated depreciation 10b 109603.	44297.	_	42199.
	11 12	Investments—publicly traded securities	·	11 12	
	13	Investments—other securities. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55404	16	45987.
	17	Accounts payable and accrued expenses	55104. 8069.	17	5885
	18	Grants payable	8003.	18	2003
	19	Deferred revenue	5791.	19	2066.
	20	Tax-exempt bond liabilities	3731.	20	SCORD.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			i
Liabilities		trustees, key employees, highest compensated employees, and			
ğ		disqualified persons. Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13860.	26	7951.
ý		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			,
Ce		complete lines 27 through 29, and lines 33 and 34.			
ılar	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
Pur	29	Permanently restricted net assets		29	·
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
SO	30	Capital stock or trust principal, or current funds		30	4
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
e	33	Total net assets or fund balances	41244.	33	38936.
Z	34	Total liabilities and net assets/fund balances	55104.	34	UEAST
	<u> </u>	, out manned and not according data loco	33104.		7.770

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		316	<u></u>
2	Total expenses (must equal Part IX, column (A), line 25)		52	
3	Revenue less expenses. Subtract line 2 from line 1	130	308.)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	41	244	·,
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	3	503	<u>6.</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
		,	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in		
	Schedule O.			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both:			
_	Separate basis Consolidated basis Both consolidated and separate basis			١.,
b	Were the organization's financial statements audited by an independent accountant?	. 2b	-	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant	_ 1		
	If the organization changed either its oversight process or selection process during the tax year, explain		-	
	Schedule O.	"'		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
Jä	the Single Audit Act and OMB Circular A-133?	"' 3a		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		+	
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	Togaines addit of additio, explain with in contoduct o and accompciant of another and addition		m 990	(2012)
		rο	330	· (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

Employer identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

			rtists & Craftsmei							03-60	004107
_	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The o				ation because it is: (Fo							
1	Enterior of the state of the st										
2											
3	=										
4	- Enter the control of the control o										
	hospital's name, city, and state:										
5	☐ An	n organizatio	on operated for	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit described in
	se	ection 170(£)(1)(A)(iv). (Com	plete Part II.)					_		
6	□ A 1	federal, stat	te, or local gover	nment or government	al unit de	scribed in	n section	170(b)(1	1)(A)(v).		
7	☐ An	n organizatio	on that normally	receives a substantia	al part of	its suppo	ort from a	a governi	mental u	nit or from	n the general public
	de	scribed in s	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)						
8	ПА	community	trust described i	n section 170(b)(1)(A)(vi). (Co	nplete Pa	art II.)				
9				receives: (1) more that				om contr	ibutions.	member	ship fees, and gross
	rec	ceipts from	activities related	d to its exempt funct	ions-su	bject to d	certain e	xceptions	s, and (2)	no mor	e than 331/3% of its
	su	pport from	gross investme	ent income and unre	lated bus	siness ta	xable ind	come (les	ss sectio	n 511 ta	ax) from businesses
	ac	quired by the	ne organization a	fter June 30, 1975. S	ee sectio	n 509(a)(2). (Com	plete Par	t III.)		
10	□An	n organizatio	on organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)((4).	
11	□An	n organizatı	on organized ar	nd operated exclusive	ely for th	ne benefi	t of, to	perform	the funct	ions of,	or to carry out the
	pu	irposes of d	one or more pub	olicly supported organ	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See section
	50	9(a)(3). Che	eck the box that	describes the type of	supportir	ng organiz	zation an	d comple	ete lines 1	1e throu	gh 11h.
	а	☐ Type I	b 🗌 Type	II c ☐ Type II	I-Functio	nally inte	grated	d 🔲	Type III-N	Non-func	tionally integrated
е	□Ву	checking t	his box, I certify	that the organization	is not co	ntrolled d	- lirectly or				
				ers and other than on							
	or	section 509	9(a)(2).								
f	lf 1	the organiz	ation received a	a written determination	on from	the IRS t	that it is	а Туре	I, Type I	ll, or Typ	oe III supporting
			check this box .								
g				he organization accep	oted any	gift or co	ontributio	n from a	ny of the)	
		lowing pers									
	(i)			ndirectly controls, eit							
		(iii) below,	the governing bo	ody of the supported	organizat	ion?					11g(i)
	(ii)	A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
				a person described in							11g(iii)
h	Pro	ovide the fo	llowing informati	on about the support	ed organi	zation(s).					
(i) l		f supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi)	s the	(vii) Amount of monetary
	organi	ızatıon		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support
			ļ	(see instructions))	3			oort?	17 5 gan.		
					Yes	No	Yes	No	Yes	No	
(A)											
(B)											
		· 								ļ	
(C)				-					<u> </u>		
(D)											
			-								
(E)											
Total									1]	i

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	(i)
	(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 unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			1			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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		NA				
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.						
	on B. Total Support	(a) 0000	(h) 0000	(-) 0010	(-1) 0044	(-) 0040	(0 T-1-1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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		NA				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	•	d, third, fourth	 n, or fifth tax y	12 ear as a section	on 501(c)(3)
	organization, check this box and stop he			<u> </u>		<u> </u>	🕨 🗀
Secti	on C. Computation of Public Suppor				- <u>-</u>		
14	Public support percentage for 2012 (line 6		-	• • • • • • • • • • • • • • • • • • • •		14	%
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization qua	zation did not	check the box	on line 13, and		· ·	heck this
b	331/3% support test—2011. If the organ check this box and stop here. The organi				•	e 15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization mesupported organization	on meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a		k this box and	see □

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	•	1	i		1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			<u> </u>	ļ		
	unrelated trade or business under section 513						
4	Tax revenues levied for the					1	•
	organization's benefit and either paid		ļ	is/A	ļ		
	to or expended on its behalf			1977			
5	The value of services or facilities		ļ				
	furnished by a governmental unit to the		ţ				
•	organization without charge		 				
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			· · · · · · · · · · · · · · · · · · ·			
7a	received from disqualified persons .					 	
L			-				
Ь	Amounts included on lines 2 and 3 received from other than disqualified		İ				
	persons that exceed the greater of \$5,000		ļ	ļ			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				<u> </u>		
	line 6.)						
Secti	on B. Total Support		<u>-</u>				
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ļ	ļ		ļ	į
	royalties and income from similar sources .						ļ
b	Unrelated business taxable income (less			11.			
	section 511 taxes) from businesses acquired after June 30, 1975			MA			1
_				 	 		
C 11	Add lines 10a and 10b		<u> </u>				
11	activities not included in line 10b, whether		ļ	ļ			ļ
	or not the business is regularly carried on						
12	Other income. Do not include gain or			<u> </u>	-	<u> </u>	
-	loss from the sale of capital assets	1					1
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			İ			L
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u> </u>	<u> </u>			▶ □
	on C. Computation of Public Suppo					T 4= 1	
15	Public support percentage for 2012 (line		•				%
16	Public support percentage from 2011 Sc	 		<u> </u>		16	%
	on D. Computation of Investment In Investment income percentage for 2012			v line 13 colu	mn (fl)	17	%
17 10	Investment income percentage for 2012 (•	* * *	-			
18 19a	331/3% support tests—2012. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organization		_				
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Society	of Vermont Artists & Craftsmen, Inc.		<u> </u>	03-6004107
Part		or Advised Funds or Other Similar Fu	ınds or A	Accounts. Complete if the
	organization answered "Yes" to F			
		(a) Donor advised funds		b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year) .			N/A
	Aggregate grants from (during year)			
	Aggregate value at end of year	I donor advisors in writing that the assets	hold in d	oner advised
		ect to the organization's exclusive legal cont		
		_		— —
		onors, and donor advisors in writing that gr e benefit of the donor or donor advisor, or		
	conferring impermissible private benefit?		-	
Part	<u> </u>	plete if the organization answered "Yes		
	Purpose(s) of conservation easements held		10 1 0111	1000,1 4111, 1110 1.
•		recreation or education) Preservation	of an hist	orically important land area
	Protection of natural habitat	•		ied historic structure
	☐ Preservation of open space		O. a. oo	
2	• •	ation held a qualified conservation contribu	tion in the	form of a conservation
	easement on the last day of the tax year.	•		
			Γ	Held at the End of the Tax Year
а	Total number of conservation easements		[2a
b	Total acreage restricted by conservation ea	sements	[2b
С	Number of conservation easements on a co	ertified historic structure included in (a)	[2c
d	Number of conservation easements inclu	ded in (c) acquired after 8/17/06, and no	t on a	
	historic structure listed in the National Regi		· · [2d
3		ed, transferred, released, extinguished, or te	erminated	by the organization during the
	tax year ►			
4	Number of states where property subject to			
5	Does the organization have a written po violations, and enforcement of the conserva	blicy regarding the periodic monitoring, in ation easements it holds?	· · ·	
•	•			· · · · · · Yes · No
6	Staπ and volunteer nours devoted to monit	oring, inspecting, and enforcing conservation	on easeme	ents during the year
7	Amount of expanses incurred in manitoring	, inspecting, and enforcing conservation ea	comonte (during the year
7	►\$, inspecting, and emorcing conservation ea	Sements (during the year
8	· · · · · · · · · · · · · · · · · · ·	d on line 2(d) above satisfy the requirements	s of section	on 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?			· · · ·
9	., , , , , , , , , , , , , , , , , , ,	eports conservation easements in its reveni	ue and ex	
		e text of the footnote to the organization's		
	organization's accounting for conservation			
Part	II Organizations Maintaining Coll	ections of Art, Historical Treasures,	or Other	Similar Assets.
		wered "Yes" to Form 990, Part IV, line 8		
1a		nder SFAS 116 (ASC 958), not to report in		
		similar assets held for public exhibition,		
	•	of the footnote to its financial statements the		
b		under SFAS 116 (ASC 958), to report in it		
		similar assets held for public exhibition,	education	i, or research in furtherance of
	public service, provide the following amour			. •
	(i) Revenues included in Form 990, Part VI	ll, line 1		. \$
•	(ii) Assets included in Form 990, Part X			for financial asia provide the
2		s of art, historical treasures, or other simil under SFAS 116 (ASC 958) relating to these		for financial gain, provide the
				• •
a		ne 1		
b	ASSELS INCIDUEU III FOIIII 990, Fail A	<u> </u>		· • • • • • • • • • • • • • • • • • • •

Par	Organizations Maintaining	Collections of Ar	rt, Hist	torical T	reasures, d	or Ot	her Similar Ass	sets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and other	er recor	ds, chec	k any of the	follov	ving that are a si	gnificant	use of its
а	☐ Public exhibition		d	Loan	or exchange	prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	.							
4	Provide a description of the organizat		d expla	in how t	hev further th	ne oro	anızation's exem	pt purpos	se in Part
-	XIII.		- 0, (p.)		,		,	pr parpor	so iii r ai t
5	During the year, did the organization	solicit or receive do	nation	e of art	historical tre	2011FQ	e or other simila	,	
J	assets to be sold to raise funds rather								- DN-
Dorl	Escrow and Custodial Arra								
rai		_	•	_	anization ar	ISWE	red res lo For	1111 990, 1	Part IV,
	line 9, or reported an amount ls the organization an agent, trustee,								
1a									
	included on Form 990, Part X?							∐ Ye:	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing ta	able:	_			
							An	nount	
С	Beginning balance					1c	:]		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Part	X, line	21? .		-		☐ Yes	s □ No
b	If "Yes," explain the arrangement in Pa								
Par		ete if the organizat	tion an	swered	"Yes" to Fo	rm 9	90, Part IV, line	10.	
		(a) Current year	(b) Pno	or year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and								
_	losses								
d	Grants or scholarships		• • • •			-			
e	Other expenditures for facilities and							<u> </u>	
-	programs								
	· -							ļ	
f	Administrative expenses							ļ	
g	End of year balance					l			
2	Provide the estimated percentage of t		balanc	e (line 1g	, column (a))	held a	as:		
а	Board designated or quasi-endowmer	nt ▶9	%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	<u></u> %							
	The percentages in lines 2a, 2b, and 2	.c should equal 100							
3a	Are there endowment funds not in the	e possession of the	organi	zation tha	at are held a	nd ad	ministered for the	• _	
	organization by:							\	res No
	(i) unrelated organizations	. <i></i> .						3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	zations listed as req	uired o	n Sched	ule R?			3b	
4	Describe in Part XIII the intended uses	of the organization	's endo	wment fu	unds.				
Part	VI Land, Buildings, and Equip	ment. See Form 9	990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or other	r basıs	(b) Cost o	r other basis	(c) /	Accumulated	(d) Book	value
		(investment	t)	(0	ther)	de	epreciation		
1a	Land	.							
b	Buildings								
c	Leasehold improvements		72642.			.2	1482.	4111	, D.
d	Equipment		79160.			_	6182.	103	
e	Other	 	1310U.				0109.	100	<i>1</i> ·
	Add lines 1a through 1e (Column (d) n		Dort \	column	(R) line 10/	-))		4219	a

Part VII	· Investments - Other Securities	. See Form 990, Part X,	line 12.	
_	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	I derivatives			
	held equity interests			···
(3) Other				
(A)			N/A	
(B)				
(C)				<u></u>
(D)				
(E)				
(F)				
(G) (H)				
(1)				
	(h) must squal Form 000 Part V and (D) Inn 101			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related	1 See Form 990 Part Y	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va	
	(a) Description of investment type	(b) Book value	Cost or end-of-year i	
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>			N/A	
(6)			N/A	
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) N/A		·		
(6)				
(8)				
(9)				
(10)	ımn (b) must equal Form 990, Part X, co	ol (D) line 15)		
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Book value	<u> </u>	
	income taxes	(b) Dook value	1	
(2)	THOOMS (ANDS)		1	
(3)			1	
(4)				
(5)		N/A		
(6)		<u>IUIA</u>		
(7)				
(8)			1	
(9)		 	1	
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25.)		1	
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the t	ext of the footnote to the org	anization's financial statements tha	t reports the organization's
liability for ur	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in F	Part XIII

SCHEDULE E (Form 990-or 990-EZ)

Department of the Treasury Internal Revenue Service
Name of the organization

Schools

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047

2012
Open to Public Inspection

Employer identification number

Society of Vermont Artists & Craftsmen, Inc.

03-6004107

		YES	
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1		•
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,	Ė		
programs, and scholarships?	2		
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		
Racial discrimination has never been an issue, all students are accepted subject to limited class size.			
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	/	
Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
Does the organization discriminate by race in any way with respect to:	5a 5b		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c 5d		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c 5d 5e		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e 5f		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

Society of Ver	mont Artists & Craftsmen, inc.	03-6004107				
PART IV 11b	THE FINANCE DIRECTOR REVIEWS THE MAJOR COMPONENTS OF FORM 990. THE E	BOARD CHAIR REVIEWS UPON				
	SIGNING.					
	Signing.					
PART VI 19	THE DOCUMENTS ARE AVAILABLE AT THE ORGANIZATIONS OFFICE AND CAN BE F	REVIEWED UPON REQUESTED.				

SOCIETY OF VERMONT ARTISTS & CRAFTSMEN, Inc. 03-6004107 YEAR 2012

SCHEDULE 1	PROGRAM SERVICES
PART IX LINE 24	OTHER EXPENSES
POSTAGE	\$ 2,798.00
ON LINE FEES, WEB PAGE	2,391.00
BANK CARD FEES	2,188.00
TELEPHONE	2,828.00
FOOD SERVICE CONTRACTED	13,323.00
INSTRUCTORS COMPENSATION	36,388.00
LINENS & LAUNDRY	158.00
SCHOLARSHIPS AWARDED	3,274.00
SUPPLIES	1,512.00
CLEANING	3,376.00
REFUSE REMOVAL	1,122.00
OFFICE EQUIPMENT MAINTENAL	NCE 786.00
LICENSES	80.00
INSTRUCTORS MILEAGE	3,997.00
PRINTING	5,959.00
REPAIRS AND MAINTENANCE	2,250.00
PLOWING & MOWING	2,250.00
ORGANIZATIONAL DISCOUNTS	3,242.00
ELECTRIC AND PROPANE	9,300.00

\$97,222.00