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Short Form**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

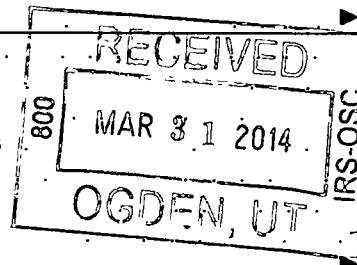
- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (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.

A For the 2012 calendar year, or tax year beginning 9/1/2012 , and ending 8/31/2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Puppets in Education Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite 294 N Winooski Ave. 125 City or town state or country ZIP + 4 Burlington VT 05401
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	D Employer identification number 22-3080025
I Website: ► puppetsineducation.org	E Telephone number (802) 860-3349
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Group Exemption Number ►
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
K Check <input type="checkbox"/> 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. \$ 116,700	

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 ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	85,045
	2 Program service revenue including government fees and contracts	2	23,145
	3 Membership dues and assessments	3	
	4 Investment income	4	5
	5a Gross amount from sale of assets other than inventory	5a	1,395
	b Less: cost or other basis and sales expenses	5b	1,395
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,005
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	6,105	
c Less: direct expenses from gaming and fundraising events	6c	1,113	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,997	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,192	
Expenses	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	64,826
	13 Professional fees and other payments to independent contractors	13	3,745
	14 Occupancy, rent, utilities, and maintenance	14	11,397
	15 Printing, publications, postage, and shipping	15	668
	16 Other expenses (describe in Schedule O)	16	21,862
	17 Total expenses. Add lines 10 through 16	17	102,498
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,694	
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	14,298	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,992	

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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	23,152	22,117
23 Land and buildings	5,477	3,621
24 Other assets (describe in Schedule O)	555	555
25 Total assets	29,184	26,293
26 Total liabilities (describe in Schedule O)	14,886	301
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,298	25,992

Part III Statement of Program Service Accomplishments (see the instructions 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? education

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 #1		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
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	0

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
Matthew Glitman president	Hr/WK 2 50			
Rolfe Eastman treasurer	Hr/WK 2 50			
Jennifer Nachbur secretary	Hr/WK 2 50			
Pam Carroll	Hr/WK 2 50			
Matt Hajdun	Hr/WK 2 50			
Mary K Dennison	Hr/WK 2 50			
Jim H Crook Jr honorary	Hr/WK 2 50			
Kevin Leary honorary	Hr/WK 2 50			
Rich Graham honorary	Hr/WK 2 50			
Phelippa Hurley honorary	Hr/WK 2 50			
Audrey Naylor honorary	Hr/WK 2 50			
Deborah Lyons executive director	Hr/WK 20.00	24,473	1,577	

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a 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)?	X	
35 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	X	
35 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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a NONE		
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 NONE , section 4912 NONE , section 4955 NONE		
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.		X
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 NONE		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization NONE		
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		X
41 List the states with which a copy of this return is filed NONE		
42 a The organization's books are in care of Joan Bates Telephone no (802)860-3349 Located at 294 N. Winooski Ave City Burlington ST VT ZIP + 4 05401		
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. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country.		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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)		X

- 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 only

All section 501(c)(3) organizations 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.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee paid more than \$100,000	(b) 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
Name <u>None</u>				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		

f Total number of other employees paid over \$100,000 **NONE**

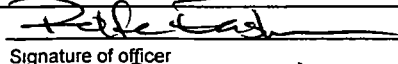
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

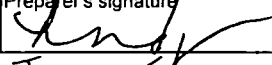
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u>		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP

d Total number of other independent contractors each receiving over \$100,000 **NONE**

- 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** **3/5/14** **Date**
Rolfe Eastman, Treasurer **Type or print name and title**

Paid Preparer Use Only **Print/Type preparer's name** Linda S Campbell **Preparer's signature**  **Date** 1/11/14 **Check ☐ if self-employed** **PTIN** P00283371
Firm's name Independent Tax Service Inc **Firm's EIN** 03-0302688
Firm's address 1 M.II St #271 Burlington VT 05401 **Phone no** 802 863-2271

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

2012

**Open to Public
Inspection**

Name of the organization

Puppets in Education Inc.

Employer identification number

22-3080025

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 to 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—Non-functionally integrated
- 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 it 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?

- (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? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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) 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")	197,135	149,125	115,959	96,851	85,045	644,115
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	197,135	149,125	115,959	96,851	85,045	644,115
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)						215,459
6 Public support. Subtract line 5 from line 4.						428,656

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	197,135	149,125	115,959	96,851	85,045	644,115
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,796	437	130	13	5	2,381
9 Net income from unrelated business activities, whether or not the business is regularly carried on		425	-588	2,384	5,921	8,142
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10.						654,638
12 Gross receipts from related activities, etc. (see instructions)					12	142,764
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 2012 (line 6, column (f) divided by line 11, column (f))	14	65.48%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	63.83%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. 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—2012. 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—2011. 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 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a 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 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2012.** 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—2011.** 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Puppets in Education Inc.

Employer identification number

22-3080025

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 27

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 3,790

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 305

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,856

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 476

Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 1

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 795

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,067

Form 990-EZ, Part I, Line 16, Other Expenses: Website: 250

Form 990-EZ, Part I, Line 16, Other Expenses: Donor Expenses: 90

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 2,699

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Taxes: 6,047

Form 990-EZ, Part I, Line 16, Other Expenses: Publicity: 488

Form 990-EZ, Part I, Line 16, Other Expenses: Technology: 68

Form 990-EZ, Part I, Line 16, Other Expenses: Transportation: 3,113

Form 990-EZ, Part I, Line 16, Other Expenses: Volunteer Appreciation: 790

Form 990-EZ, Part II, Line 24, Other Assets: security deposit: Beginning of year: 555, End of

year: 555

Form 990-EZ, Part II, Line 26, Liabilities: accrued sick time: Beginning of year: 4,419, End

of year: 0

Form 990-EZ, Part II, Line 26, Liabilities: prepaid grants: Beginning of year: 10,000, End of

year: 0

Form 990-EZ, Part II, Line 26, Liabilities: payroll liabilities: Beginning of year: 345, End

of year: 301

Form 990-EZ, Part II, Line 26, Liabilities: other liability: Beginning of year: 122, End of

year: 0

Part I, Line 16 (990-EZ) - Other Expenses**Total:** 21,862

Description		Amount
1	Travel	27
2	Meals and entertainment	
3	Fundraising	3,790
4	Conferences, conventions, and meetings	305
5	Depreciation	1,856
6	Equipment rental and maintenance	476
7	Interest	1
8	Supplies	795
9	Telephone	1,067
10	Unrelated business income taxes	0
11	Amortization	0
12	Depletion	
13	Website	250
14	Donor Expenses	90
15	Insurance	2,699
16	Payroll Taxes	6,047
17	Publicity	488
18	Technology	68
19	Transportation	3,113
20	Volunteer Appreciation	790
21		
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27		
28		

Puppets in Education Inc.
22-3080025
2012 990-EZ

Statement #1

Form 990- EZ Part III

Statement of Program Service Accomplishments

- a. Provide Free Educational Programs to Schools:** In the 2012-2013 school year, Puppets in Education (PiE) provided educational programs focused on prevention, intervention and inclusion free of charge to students in grades K-6, educators, parents and community members through puppets presentations and interactive workshops addressing the following topics: bullies and school safety, healthy snacking, cultural diversity and a compilation of subjects. The programs discussed the topics in a clear, non-threatening manner and dispelled myths through accurate information. They also modeled leadership, problem-solving, social and communication skills, helping children to accept individual differences and feel positive about themselves and others. Younger audience members readily expressed their feelings and concerns to the puppets during the question and answer session that followed each skit, while older students readily engaged in workshop activities and role-plays. As one student put it, "Thank you very much for teaching us to talk to adults if something does not feel right. We feel a lot safer now! Thank you!" In 2012, PiE completed 29 free presentations for 1,347 children and 301 adults. Also in 2012, \$ 4,681 in in-kind donations and services was also donated from individuals and businesses to support PiE's mission and outreach. In addition, PiE utilized 295 hours of community volunteer time to help with program data entry; mail list updates; script, topic and student response inputting, evaluations and school mailings.

Program Service Expense

\$ 26,152

- b. Provide Educational Programs to Schools:** In the 2012-2013 school year, PiE provided educational programs focused on prevention, intervention and inclusion to elementary and middle school students, educators, parents and community members through puppet presentations and interactive workshops addressing the following topics: autism spectrum disorders, bullies and school safety, physical and sexual abuse prevention, environmental education, tobacco use prevention and proper use of medicine, cultural diversity, disability awareness, children's mental health, and healthy snacking. The programs discussed the topics in a clear, non-threatening manner and dispelled myths through accurate information while modeling leadership, problem-solving, social and communication skills, and helping children to accept individual differences and feel positive about themselves and others. The programs also referred children to a support system of adults who they can trust and who will help them with challenging or frightening situations. Younger audience members readily expressed their feelings and concerns to the puppets during the question and answer session that followed each skit, while older students readily engaged in workshop activities and role-plays. After one of the presentations this year, a teacher wrote, "Your show was great! It was engaging, educational and relevant. I was laughing so much and the message was important. It is such a wonderful way to teach children these important lessons." In 2012, PiE completed 14 presentations for 1,392 children and 250 adults. Also in 2012, PiE utilized

295 hours of community volunteer time to help with program data entry; mail list updates, script, topic and student response inputting, evaluations and school mailings; and 18 hours of community member volunteer puppeteer time. \$ 4,681 was also donated from individuals and businesses to support PiE's mission and outreach.

Program Service Expense

\$ 26,152

- c. **Educational Programs in Collaboration with Other Organizations:** In the 2012-2013 school year, PiE provided educational programs to children and adults for a reduced cost thanks to collaboration with Vermont organizations, foundations and businesses. Again, focusing on prevention, intervention and inclusion with elementary and middle school students, educators, parents and community members, PiE provided puppet presentations and interactive workshops addressing the following topics: autism spectrum disorders, bullies and school safety, blindness, depression, ADHD, abuse prevention and environmental stewardship. After a presentation, one teacher noted "This was tremendously valuable for the blind people in our community because of how well it educated the rest of us." Collaborating with the Vermont Department of Mental Health, Gibney Family Foundation, People's United Bank, Lake Champlain Basin Program, and Creative Labels of Vermont, PiE completed 17 presentations for 1,629 children and 322 adults. Also in 2012, PiE utilized 362 hours of community volunteer time to help with program data entry; mail list updates, script, topic and student response inputting, evaluations and school mailings. \$5,738 in in-kind donations and services were also donated from individuals and businesses to support our program's mission and outreach.

Program Service Expense

\$ 32,056

- d. **Volunteer Puppeteers and Modeling Mission:** Each year Puppets in Education (PiE) recruits and trains students and community members as volunteer puppeteers to perform programs alongside staff. Volunteers learn the art of Bunraku puppetry and gain in-depth knowledge of the topic they present. PiE welcomes community members of all abilities to join the puppet troupe and help deliver its programs. PiE strives to "Model the Mission" by recruiting puppeteers to perform in a program they have life experience with, for example, our puppet character Renaldo is blind. He is performed by two volunteer puppeteers who are also blind. Another volunteer lives with developmental challenges. All three puppeteers bring skills, enthusiasm and commitment to their roles. In 2012-13, PiE worked with a total of 4 community volunteer puppeteers who donated a total of 68 hours for training and performing within our programs. Program Service Expenses: These expenses are incorporated into the Direct Services offered through Free, Paid, and Collaborative presentations listed in a, b and c.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No 179

Name(s) shown on return

Identifying number

Puppets in Education Inc.

22-3080025

Business or activity to which this form relates

Form 990 E-Z Part I Line 16

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0.
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	1,000.
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	0.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	1,000.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	949.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	907.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	1,856.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
van	10/16/08	100.00	7,873.	7,873.	5.00	200 DB-HY	907.	
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28 907.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	