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Department of the Treasury Internal Revenue Service

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 Inspection

A F	or the	2010 calendar year, or tax year beginning JUN 1, 2010 and ending	MAY 31, 2011					
Во	heck if	C Name of organization	D Employer identific	ation number				
a	pplicable							
	Addre:	LEXINGTON ARTS AND CRAFTS SOCIETY, INC.						
	Name change		04-60	072895				
	initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su						
	Termir	· · · · · · · · · · · · · · · · · · ·		862-9696				
	Ameno		G Gross receipts \$	273,091.				
	Applic		H(a) Is this a group re					
	pendir	F Name and address of principal officer: JERIK TORNHEIM	for affiliates?	Yes X No				
		130 WALTHAM ST., LEXINGTON, MA 02421	H(b) Are all affiliates incl					
II	ax-exe			list. (see instructions)				
		te: WWW.LEXINGTONMA.ORG/LACS	H(c) Group exemption					
			ear of formation: 1952 M					
	rt I	Summary						
_	1	Briefly describe the organization's mission or most significant activities: TO PROMO	TE THE INTERES	STS AND				
Governance		STANDARDS IN ARTS AND CRAFTS IN THE COMMUNIT						
na.	1	Check this box if the organization discontinued its operations or disposed of m						
Vel	3	Number of voting members of the governing body (Part VI, line 1a)	3	4				
g		Number of independent voting members of the government heat // Dest // Disc. The	4	4				
త	5	Total number of individuals employed in calendar year 2010 (Part V Airle 2a)	5	3				
tie	9	Total number of individuals employed in calendar year 20 to (Part Voline 2a)	70)/	175				
Activities &	0	Total number of volunteers (estimate if necessary)	(%) 6 7a	0.				
Ac	/a	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 32 Net unrelated business taxable income from Form 990 T, line 34	25 / ⊢ +	0.				
	D.	Net unrelated business taxable income from Form 990-1, line-34	7b					
	_	7,01	/ Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)	/ 83,717.	91,789.				
Revenue	1	Program service revenue (Part VIII, line 2g)	164,959.	176,874.				
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,617.	1,258.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,800.	3,170.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	257,093.	273,091.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	750.	1,300.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	<u>0.</u>				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,408.	45,136.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,000.	0.				
ĝ.	b	Total fundraising expenses (Part IX, column (D), line 25) 9,965.						
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	175,927.	190,455.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	249,085.	236,891.				
	19	Revenue less expenses Subtract line 18 from line 12	8,008.	36,200.				
Soc			Beginning of Current Year	End of Year				
ars garc	20	Total assets (Part X, line 16)	379,434.	415,797.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0.	163.				
ĕ.ĕ.	22	Net assets or fund balances. Subtract line 21 from line 20	379,434.	415,634.				
	rt II	Signature Block	3/3/434.	413,031.				
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	v knowledge and helief it is				
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and belief, it is				
uue,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on all information of which prep	77	2011				
٥.		Signature of officer	Date/	011				
Sign		• -	Dato, ,					
Her	e	JERIK TORNHEIM, TREASURER Type or print name and title	· 					
			Date Check	X PTIN				
Trino Type brobard 3 marie								
Paid		EDWARD TAYLOR	-01/16/12 self-employe	90				
_	arer	Firm's name NARDELLA & TAYLOR, LLP	Firm's EIN					
U8e	Only	Firm's address 24 HARTWELL AVE.						
		LEXINGTON, MA 02420	Phone no. 7	81 862 6833				
<u>May</u>	the II	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes No				
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)				

F.orm	990 (2010) LEXINGTON ARTS AND CRAFTS SOCIETY, INC. 04-6072895 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
1	
	TO PROMOTE THE INTERESTS AND STANDARDS IN ARTS & CRAFTS IN THE
	COMMUNITY AND PROVIDE EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 141,609. including grants of \$) (Revenue \$ 247,143.)
	THE SOCIETY HAS OVER 400 MEMBERS IN 10 GUILDS. MEMBERS HOLD MEETINGS
	AND CONDUCT CLASSES. GALLERIES, FAIRS AND MARKETPLACES ARE HELD
	THROUGHOUT THE YEAR.
	IMOUGHOUT THE TEAK.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	/(Code/(Expenses #/(First to the
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.)
- TU	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 141,609.
	Form 990 (2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-	103	110
•	If "Yes," complete Schedule A	1	X	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_==_	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		_	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			v
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40	,	x
	If "Yes," complete Schedule D, Part V	10	-	
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			1
а	5 , , , , , , , , , , , , , , , , , , ,		v	1
	Part VI	11a	X	├
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	• • • • • • • • • • • • • • • • • • • •			۱
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Í	1	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,]	
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	X
b	3	Ì	1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	}		ł
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ļ	}	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b				
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010

		ľ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			i
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		_X_
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		<u>X</u>
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	1		
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ľ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			4.5
	Schedule L, Part I	25b	 -	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
	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).	28a	İ	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete content of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			 -
٠.	If "Yes," complete Schedule N. Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
-	Schedule N, Part II	32		X
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	Ì	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2	ĺ		
36	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	36		X
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	ĺ
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	1	1	l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ı	1	
	any contributions that were not tax deductible?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ	ŀ	1
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	l		
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	? 7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	ĺ		-
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b_	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		1
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	1	1
	amounts due or received from them)	_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	↓	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	↓_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	↓
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
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	_	1	1
c	Enter the amount of reserves on hand		<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	丄	<u></u>
		Forn	n 990	(2010

032005 12-21-10

LEXINGTON ARTS AND CRAFTS SOCIETY, INC. Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See ı	nstructions	3							
	Check if Schedule O contains a response to any question in this Part VI						X				
Sec	tion 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		4							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other								
	officer, director, trustee, or key employee?				2		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervis	ion							
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?		4		X X X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		<u>X</u>				
6	Does the organization have members or stockholders?				6		<u>X</u>				
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?				7a		X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?)		7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year								
	by the following:										
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)								
						Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliat	es,							
	and branches to ensure their operations are consistent with those of the organization?				10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	ne form?		11a		X_				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				1						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X_				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gıv	e rise								
	to conflicts?				12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe				ĺ				
	ın Schedule O how this is done				12c						
13	Does the organization have a written whistleblower policy?				13_		X				
14	Does the organization have a written document retention and destruction policy?				14		X				
15	Did the process for determining compensation of the following persons include a review and approv	al by I	ndepender	nt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?									
а	The organization's CEO, Executive Director, or top management official			•	15a		X				
b	Other officers or key employees of the organization				15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						ļ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a								
	taxable entity during the year?				16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its particip	ation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizat	tion's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) available	for						
-	public inspection. Indicate how you make these available. Check all that apply.	-	·								
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interes	t policy, a	ınd fina	ancial					
	statements available to the public.			,							
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of th	e organiza	ation:	>					
	JERIK TORNHEIM, TREASURER - 781-862-9696			J =-		_					
	130 WALTHAM ST., LEXINGTON, MA 02421										
					F	000	(2010)				

	orm 990 (2010)	LEXINGTON	ARTS	AND	CRAFTS	SOCIETY,	INC.	04-60 <u>72895</u>	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average		Positio					Reportable	Reportable	Estimated
	hours per	(ci	heck	all	that	app	y)	compensation	compensation	amount of other
	week (describe	ector						from the	from related organizations	compensation
	hours for	ᅙ	يوا			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		g;	suedi		(W-2/1099-MISC)		organization
	organizations	ra d	юпа		pfoy	t com	_			and related
	ın Schedule O)	Individual trustee or director	Institutional trustee	Jec J∰Ce	Key en	Highest compensated employee	Forme			organizations
MOLLY NYE										
PRESIDENT	1.00	X	<u> </u>	X				0.	0.	0
SUSAN MC CLEERY										
VICE PRESIDNET	1.00	X	L.	X				0.	0.	0
JERIK TORNHEIM								_	_	_
TREASURER	4.00	X		X				0.	0.	0
DAVID WELLINGTON										
SECRETARY	1.00	X	<u> </u>	X				0.	0.	0
				1						
		ऻ_	-	-	_					
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Pa	rt VII	1 Statement of Rever	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
E E	b	Membership dues	1b	70,269.				
P,E	c	Fundraising events	1c					
ar a	d	Related organizations	1d					
S,E	е	Government grants (contribut	 					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, gran	• —					
		similar amounts not included abor		21,520.				
받	g	Noncash contributions included in lines	1a-1f \$					
<u>පි වි</u>	h	Total. Add lines 1a-1f			91,789.			
				Business Code				
8	2 a	CLASS FEES		611610	113,784.	113,784.		
ه چُ	b	GALLERIES, FAIR	S, HOLI	453220	63,090.	63,090.		
Program Service Revenue	С							
e a	d				· -			
5	е							
ا تە	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	<u>176,874.</u>	<u></u>		ļ
	3	Investment income (including	dividends, inter	est, and	4 050			1 050
		other similar amounts)			1,258.			1,258.
	4	Income from investment of tax	x-exempt bond p	proceeds -				
	5	Royalties		▶				
Ì	_	0	(i) Real 3,170.	(ii) Personal				
ļ	6 a	Gross Rents	3,1/0.					
	b	Less rental expenses	3,170.	-		1		
	ب 0	Rental income or (loss) Net rental income or (loss)	3,1/0.		3,170.	3,170.		
	7 a	Gross amount from sales of	(ı) Securities	(II) Other	3,170.	3,170.		
	, a	assets other than inventory	(i) Securities	(ii) Other				
	b							
		and sales expenses				!		
	С	Gain or (loss)						
	-	Net gain or (loss)		•				
4		Gross income from fundraisin	a events (not			-		
Other Revenue	-	including \$						
eve		contributions reported on line						
<u>بر</u>		Part IV, line 18	, a		•			
ŧ	b	Less direct expenses	b					
J			draising events					
	9 a	Gross income from gaming ac	ctivities. See				-	
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	. b	· L				
ł	С	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a					 		+
	b			-				
	٠ د	All other revenue				 		
	u	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			273,091.	180,044.	0	. 1,258.
03200	9						<u>_</u>	Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 1,300. 1,300. the US See Part IV, line 22 Grants and other assistance to governments. 3 organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,646 4,215. 42,154 25,293. 7 Other salanes and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 2,982. 1,789 895 298. Payroll taxes 10 Fees for services (non-employees): 11 Management Legal 3,000 3,000. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 6,000. 3,000 1,000. 10,000. g 4,452 4,452 Advertising and promotion 12 2,259 2,259 Office expenses 13 Information technology 14 15 Royalties 49,888 49,888 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 5,003 9,454. 4,451 Depreciation, depletion, and amortization 22 7,391 7,391 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 65,251 65,251 INSTRUCTORS 11,284. 11,284. ь POSTAGE AND PRINTING 11,033. c SUPPLIES - GUILDS 11,033. 9,583. d OTHER PROGRAM EXPENSES 9,583 e PROGRAM EXPENSES 5,625 5,625. 1,235. 1,235 All other expenses 9,965. 141,609 85,317 236,891 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here

if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Paı	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	240,261.	1	259,399
	2	Savings and temporary cash investments	77,379.	2	79,437
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventores for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	_
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 318, 572			
	b	Less: accumulated depreciation 10b 241, 611	61,794.	10c	76,961
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related 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)	379,434.	16	415,797
	17	Accounts payable and accrued expenses		17	163
	18	Grants payable		18	·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ņ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons Complete Part II			
-		of Schedule L		22	
	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	163
		Organizations that follow SFAS 117, check here X and complete			
တ္		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	332,494.	27	371,003
<u>a</u>	28	Temporarily restricted net assets	33,790.	28	31,474
<u>0</u>	29	Permanently restricted net assets	13,150.		13,157
Ė		Organizations that do not follow SFAS 117, check here		T	
P		complete lines 30 through 34.			
sets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ň				+	

415,634. 415,797. Form **990** (2010)

31

32

33

379,434. 379,434.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2010) LEXINGTON ARTS AND CRAFTS SOCIETY, INC.	04-6072	2895	Pag	_{je} 12
Pai	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27:	3,0	<u>91.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	230	5,8	<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3 (5,2	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379	9,4	<u>34.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	41	5,6	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 90 (2010)

SCHEDULE A

(Form 990'or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Inspection

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Part I	Doccor		ON ARTS AND				\See upot	nuctions	04	-60/2	033		
			ity Status (All organiz					ructions					
		•	because it is. (For lines 1										
1 ⊢			s, or association of churc		ibea in se	ction 1/U	(I)(A)(T)(Q)	•	-				
2			0(b)(1)(A)(ii). (Attach Scl			470/LV/4V	A \/:::\						
3	•	•	tal service organization opperated in conjunction v					/b\/4\/&\/iii	i) Enter th	e bosoital	'e nam	10	
4 📖			operated in conjunction	with a rios	Jilai Uesci	ibeu iii se	Cuon 170		ı, Linter tir	riospitai	3 Hairi	ΙΟ,	
. \Box	city, and state		benefit of a college or ur	werety ou	uned or or	erated by	a governr	nental uni	describer	l in			
5 📖	_	(b)(1)(A)(iv). (Comple	·	iiversity Ow	villed of of	erated by	a governi	nental um	described				
•			ent or governmental unit	described	l in contin	n 170/h)/1	VAVA						
6		•	ent of governmental diffi eives a substantial part (r from the	general ni	iblic desc	nhed i	ın	
•	=	b)(1)(A)(vi). (Comple		or its supp	ort monra	governine	mai amic o	1 110111 1110	general pe	ibilo doco	i ibod i	••	
8 🔲	-		ection 170(b)(1)(A)(vi). (Complete	Part II \								
9 🗓			eives. (1) more than 33 1			rom contri	hutions m	nemhershii	n fees and	l aross red	ceints	from	
9 (41)	-		nctions - subject to certa										
		•	axable income (less sect										
		509(a)(2). (Complete		ion on ta	x, 110111 bu	311103303 6	loquilou b	y inc orga	mzadoma		,0, ,0,	•	
10 🔲			perated exclusively to test	st for publi	c safety. S	See sectio	n 509(a)(4	I).					
11 🗔	~	<u> </u>	perated exclusively for the	-	-			-	v out the p	urposes c	of one	or	
			ations described in section										
		• • •	organization and comple				,		/(-/-				
	a Type I	· · · · ·	Type II c		_	tionally int	egrated		d 🗔	Type III - (Other		
е 🗌	* -		t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	ersons oth	ner tha	ın	
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or so	ection 509	}(a)(2).		
f			ten determination from t										
	supporting of	rganization, check th	nis box										
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing pers	sons?				
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ii) and (ιιί) below,		Yes	No	
	the gove	erning body of the si	upported organization?							11g(i)	<u> </u>		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	<u> </u>		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)	ш_	<u> </u>	
h	Provide the f	ollowing information	about the supported org	ganızatıon((s).								
				,				1					
(i) Name	of supported	(ii) EIN	(iii) Type of			(v) Did yo		(vi) is organization	the	(vii) Ar	nount c	of	
orga	anızatıon		organization (described on lines 1-9	in col. (i) lis			ion in col. r support?	(i) organiz	ed in the	sup	port		
			above or IRC section	governing	T	ļ · · · ·		U.S					
			(see instructions))	Yes	No	Yes	No	Yes	No				
					 	-	 		 	-			
									:				
									 				
						 -	 			_			
							-	<u> </u>	† – †				
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				<u> </u>									
Cotal									1				

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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.)

Se	ction A. Public Support	noted Bolott, proc	acc complete ran	····,			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(0) 2001	(6) 2006	(4) 2003	(6) 2010	II) IOIAI
•	membership fees received. (Do not						
	include any "unusual grants.")						
_	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities		 	 			
3		ı					
	furnished by a governmental unit to the organization without charge	ı					
_	- '		+		 	-	
_	Total. Add lines 1 through 3		1	· - · · · ·		- 1	
5	The portion of total contributions	ı				1	
	by each person (other than a	ı					
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	.,				 		
	Public support. Subtract line 5 from line 4 ction B. Total Support	····	l		<u> </u>	1	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	(0) 2001	(6) 2008	(0) 2009	(e) 2010	(i) rotai
-	Gross income from interest,		 			 	
0							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Net income from unrelated business			 			_
9							
	activities, whether or not the				İ		
40	Other pages. Do not political acro		· · · · · · · · · · · · · · · · · · ·	 		-	
10	Other income. Do not include gain or loss from the sale of capital						
	•						
44	assets (Explain in Part IV) Total support, Add lines 7 through 10	<u> </u>	 	·	+		
	Gross receipts from related activities,	etc (see instruct	uone)			12	
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	Yay waar as a sactu		
13	organization, check this box and stor	•	3 m3t, 3000ma, tm	ia, ioartii, or iiitii t	ax your as a score	511 50 1(0)(0)	
Se	ction C. Computation of Publ	· · · · · · · · · · · · · · · · · · ·	ercentage	·	•	 	
	Public support percentage for 2010 (I			column (fl)		14	%
	Public support percentage from 2009	• •	•	`"	•	15	%
	a 33 1/3% support test - 2010.If the o	•		n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies					•	
t	33 1/3% support test - 2009. If the o		-		l line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes		• •		e 13, 16a, or 16b,	and line 14 is 10% (or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						▶□
ŀ	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is 1	0% or
•	more, and if the organization meets the	_	-				
	organization meets the "facts-and-circ				•		▶□
18			<u> </u>	•	•		s >
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2010 LEXINGTON ARTS AND CRAFTS SOCIETY, INC. 04-6072895 Page 3 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 b	elow, please comp	olete Part II.)								
	(=) 2006	(h) 2007	(-) 2000	4-0 2000	(=) 2010	(f) Total				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
 Gifts, grants, contributions, and membership fees received. (Do not 										
include any "unusual grants.")	51,305.	70,994.	76,291.	83,717.	91,789.	374,096.				
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	148,578.		152,180.			788,721.				
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513										
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5 The value of services or facilities furnished by a governmental unit to the organization without charge										
6 Total. Add lines 1 through 5	199,883.	217,124.	228,471.	248,676.	268,663.	1162817.				
7a Amounts included on lines 1, 2, and						_				
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		<u> </u>				0.				
c Add lines 7a and 7b						0.				
8 Public support (Subtract line 7c from line 6)						1162817.				
Section B. Total Support	ļ	·	L							
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
9 Amounts from line 6	199,883.	217,124.	228,471.	248,676.	268,663.	1162817.				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,479.		8,741.	8,417.	4,428.	41,826.				
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
c Add lines 10a and 10b	9,479.	10,761.	8,741.	8,417.	4,428.	41,826.				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•									
or loss from the sale of capital assets (Explain in Part IV.)										
13 Total support (Add lines 9, 10c, 11, and 12)	209,362.	227,885.	237,212.	257,093.	273,091.	1204643.				
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,				
check this box and stop here				•		▶□				
Section C. Computation of Publ	ic Support Pe	rcentage								
15 Public support percentage for 2010 (line 8, column (f) d	vided by line 13, o	column (f))	• •	15	96.53 %				
16 Public support percentage from 2009	Schedule A, Part	III, line 15			16	96.50 %				
Section D. Computation of Inve	stment Incom	e Percentage								
17 Investment income percentage for 20)10 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	3.47 %				
2.50										
18 Investment income percentage from	2009 Schedule A,	Part III, IIIIe 17	19a 33 1/3% support tests - 2010. 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							
_			on line 14, and line	15 is more than 3	33 1/3%, and line	17 is not				
_	organization did n	not check the box								
19a 33 1/3% support tests - 2010. If the	organization did nand stop here. The	not check the box organization qual	lifies as a publicly s	supported organiz	ation	►X				
19a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a	organization did nand stop here. The organization did n	not check the box organization qual not check a box or	lifies as a publicly s n line 14 or line 19a	supported organiz a, and line 16 is me	ation ore than 33 1/3%,	▶ X				
19a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2009. If the	e organization did nand stop here. The eorganization did nanch this box and st	not check the box organization qual not check a box or top here. The orga	lifies as a publicly s n line 14 or line 19a anization qualifies	supported organiz a, and line 16 is mo as a publicly supp	ation ore than 33 1/3%, orted organization	▶ X				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Name of the organization LEXINGTON ARTS AND CRAFTS SOCIETY, INC. Employer identification number 04-6072895

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	d only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	. cond. author, or to any onto purpose our	. Yes No
Pai		anization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	iod concervation continuation in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	• •	2b
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
c d			20
u	listed in the National Register	arter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rel	laseed extinguished or terminated by the ere	
3	_	leased, extinguished, or terminated by the ort	gariization during the tax
4	year ▶	coment is located	
4	Does the organization have a written policy regarding the per	•	
5	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	 :::
6	Amount of expenses incurred in monitoring, inspecting, and		_
7	Does each conservation easement reported on line 2(d) above		
8	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170(f)(-	Yes No
^			
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting to
Pai	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or Othe	er Similar Assets
	Complete if the organization answered "Yes" to Form	-	
4.	If the organization elected, as permitted under SFAS 116 (AS	 	t and halance sheet works of art
14	historical treasures, or other similar assets held for public ext		
	•	, ,	or public service, provide, in rait XIV,
	the text of the footnote to its financial statements that descri		d balance cheet warks of art, biotorical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		~ *
	(i) Revenues included in Form 990, Part VIII, line 1	•	•
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	un, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	•	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche		ON ARTS AN						07289		
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	cany of the	ne tollowing that	are a sig	gnificant use of i	ts collection	1 items	š
	(check all that apply):		. —.							
а	Public exhibition				xchange progra					
b	Scholarly research	•	• 🗀 '	Other			<u> </u>			
С	Preservation for future generations									
4	Provide a description of the organization's co				-			Part XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, ha	storical tr	easures, or othe	r sımılar	assets		_	1
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	-	lete if the	organiza	tion answered "	Yes" to f	Form 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribut	ons or other as:	sets not i	included			
	on Form 990, Part X?							Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing	table:						
								Amoun	<u>t</u>	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year	•		•			1e			
f	Ending balance		•				1f			
	- · · · · · · · · · · · · · · · · · · ·	orm 990 Part X line	217					Yes		No
	If "Yes." explain the arrangement in Part XIV.		· - · ·				• •			
Par			nswered	"Yes" to	Form 990 Part	IV. line 10	n.			
		(a) Current year	1	rior year	(c) Two year		(d) Three years ba	ck (e) Fou	r vears	hack
4_	Regioning of wear halance	(a) Ourient year	(6)	nor year	(C) TWO year	3 Duon	a) Timee years be	JOK (C) TOU	jouro	<u>Juon</u>
1a	Beginning of year balance		+	<u> </u>						
b	Contributions		+		- -	-+				
С	Net investment earnings, gains, and losses		-		<u> </u>					
d	Grants or scholarships		 			+				
е	Other expenditures for facilities									
	and programs .		-					-		
f	Administrative expenses									
g	End of year balance		İ				,	l		
2	Provide the estimated percentage of the year	r end balance held	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ession of the organi	zation the	at are hel	d and administe	red for th	ne organization			
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations				•	_		3a(ii)		
b	If "Yes" to 3a(II), are the related organization:	s listed as required	on Sche	dule R?	•			3b		
4	Describe in Part XIV the intended uses of the	=					•			
	t VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or	-		ost or other	(c) A	cumulated	(d) Boo	ok valu	
	Description of investment	basis (invest			sis (other)	. - <i>,</i>	preciation	(4) 500	nt valu	•
	Lond	2200 (111400		+	9,387.	231		-	9 3	87.
1a	Land	•		 	$\frac{9,387.}{246,945.}$	•	205,115.		1,8	
b	Buildings	-		+ 1	<u>440,743</u> ,		200,110.		<u> </u>	50.
С	Leasehold improvements	•		-	60 040		36 406		<u> </u>	11
d	Equipment			 	62,240.		36,496.		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>44.</u>
e	Other			L					· C · C	<u>C1</u>
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colui	mn (B), lin	e 10(c).)				<u>و ، ه</u>	<u>61.</u>

Schedule D (Form 990) 2010

	D (Form 990) 2010	LEXINGTON A	RTS	AND	CRAFTS	SOCIETY,	INC.	04-6	<u> 5072895</u>	Page 3
$\overline{}$		Other Securities. Se	e Form	990, Pa	rt X, line 12.					_
·	(a) Description of sec (including name		(b) Book	value	Co	(c) Method of st or end-of-ye			
	cial derivatives									
	ly-held equity interests	•								
(3) Other			<u> </u>						-	
(A)			ļ							
<u>(B)</u>										
(C)	•									
(D)	<u> </u>	•				- .				
(E)			-						_	
(F)	 		ļ				-			
(G) (H)										
(I)										_
	(h) must equal Form 990	, Part X, col (B) line 12.)								
Part VI	II Investments -	Program Related. s	ee Forr	n 990, P	art X, line 13					
	(a) Description of in	vestment type	(b) Book	value	Со	(c) Method ost or end-of-ye			
(1)										
(2)										
(3)										
(4)								. <u> </u>		
(5)										
(6)			ļ							
(7)			ļ							
(8)			-						<u> </u>	
(9)			ļ							
(10)										
Port IV	(b) must equal Form 990), Part X, col (B) line 13.) ► See Form 990, Part X, line	45							
Faitix	Other Assets.	-	Descri	ntion					(b) Book va	alue
(1)		(6)	2000.	P.1011					(2) 20011 10	
(2)				- ,						
(3)										
(4)	-									
(5)						•				•
(6)						-				
(7)						•			•	
(8)										
(9)										
(10)										
		orm 990, Part X, col (B) line				 		<u> </u>		
Part X		See Form 990, Part X,	line 25	i. 		(h) American	1			
1.		escription of liability			<u></u>	(b) Amount	_			
	ederal income taxes						1			
(2)							1			
(3)							1			
(5)					_		1			
(6)				-	-					
(7)		<u> </u>			· -	 				
(8)							1			
(9)		-	_				1			
(10)							1			
(11)		· · · - · · · · · · · · · · · · · · · ·		.		· · · · · · · · · · · · · · · · · · ·	1			
	lumn (b) must equal F	orm 990, Part X. col (B) line	e 25.)				1			
FIN 48 (/ 2. FIN 48 (/	ASC 740) Footnote In Part XI ASC 740)	orm 990, Part X, col (B) line V, provide the text of the footnote to	o the orga	anization's	financial statemer	nts that reports the organ	ization's liability f	or uncertain t	ax positions under	
2. FIN 48 (/ 032053 12-20-10									lule D (Form 9	

_	dule D (Form 990) 2010 LEXINGTON ARTS AND CRAFTS It XI Reconciliation of Change in Net Assets from Form 990 t						2895	Page 4
	· · · · · · · · · · · · · · · · · · ·	O Audit	eu rina		otateme	1115	272	001
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				091.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,891. ,200.
3 4	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments			3			30,	, 200.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7			-	
8	Other (Describe in Part XIV.)	•		8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	•	10			36	200.
	t XII Reconciliation of Revenue per Audited Financial Statem		ith Reve		er Retu	m		
1	Total revenue, gains, and other support per audited financial statements				1	\top		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			•				
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d				İ		
е	Add lines 2a through 2d				26	,		
3	Subtract line 2e from line 1				3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
C	Add lines 4a and 4b				40	:		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5			
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	ments V	Vith Exp	enses	per Re	turn		
1	Total expenses and losses per audited financial statements		٠		1	4		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	ı					
а	Donated services and use of facilities .	2a						
b	Prior year adjustments	2b						
С	Other losses	2c				ŀ		
d	Other (Describe in Part XIV.)	2 d						
е	Add lines 2a through 2d				26		-	
3	Subtract line 2e from line 1				3	-		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	_4b_						
_C	Add lines 4a and 4b				40	1		
5 Dat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIV Supplemental Information	·	•		5			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b Also con							4; Part
								_

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number

LEXINGTON ARTS AND CRAFTS SOCIETY, INC.	04-6072895
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVI	EWED BY THE
TREASURER BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS A	VAILABLE TO THE
GENERAL PUBLIC UPON WRITTEN REQUESTS TO OUR FACILITY. FINA	NCIAL
INFORMATION IS SHARED WITH THOSE ORGANIZATIONS WHO REQUEST	INFORMATION FOR
FOUNDATION/GRANT CONSIDERATIONS. SITTING COMMITTEE IS IN E	PROCESS OF
BRINGING OUR GOVERNANCE UP TO FEDERAL AND STATE REQUIREMENT	S AND IS
EXPECTED TO BE IN PLACE BY FISCAL YEAR END OF MAY 31, 2012.	INCLUDED WILL
BE; INCLUSION OF NON-MEMBERS TO OUR BOARD OF DIRECTORS, FUI	L DISCLSOURE
CLAUSE, WHISTLE BLOWER POLICY.	

Form **8868**

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

temal Rever	nue Service	► File a sepa	rate applic	cation for each return.				
If you a	re filing for an Auto	matic 3-Month Extension, complete	e only Par	t I and check this box			► X	
•	-		-	omplete only Part II (on page 2 of this i	form).			
•	-			ic 3-month extension on a previously file		8868.		
	•	•		3-month automatic extension of time to			orporation	
	• • •	•		on of time. You can electronically file Fo			•	
•	•	· · ·		Form 8870, Information Return for Trans		•		
	•			see instructions). For more details on th				
		ck on e-file for Charities & Nonprofits						
Part I		3-Month Extension of Time		omit original (no copies needed).				
corpora	tion required to file	Form 990-T and requesting an auton	natic 6-moi	nth extension - check this box and com	plete			
Part I only	,						▶ □	
All other c	corporations (includ	ing 1120-C filers), partnerships, REM	ICs, and tr	usts must use Form 7004 to request an	extensi	on of time		
o file inco	ome tax returns							
Гуре or	Name of exempt	organization			Emplo	yer identifica	tion number	
orint								
LEXINGTON ARTS AND CRAFTS SOCIETY, INC. 04-6072895)5	
file by the due date for	l	and room or suite no. If a P.O. box, s	ee instruct	ions.				
iling your etum See	130 WALT	HAM STREET		.,,				
nstructions		st office, state, and ZIP code. For a fo	oreign addi	ress, see instructions.				
	LEXINGTO	N, MA 02421		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Enter the	Return code for the	e return that this application is for (file	e a separat	te application for each return)			0 3	
			1					
Applicati	on		Return	Application			Return	
s For			Code	Is For		Code		
Form 990	<u> </u>		01	Form 990-T (corporation)			07	
Form 990	-BL	INTERESTAL STATE	02	02 Form 1041-A				
Form 990)-EZ		03	Form 4720	· · · · · · · · · · · · · · · · · · ·	09		
Form 990)-PF		04	Form 5227		10		
Form 990)-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than		06	Form 8870			12	
		JERIK TORNHEIM		ASURER				
		of ► 130 WALTHAM ST	L	EXINGTON, MA 02421				
Teleph	none No. ► <u>781</u>	_862-9696		FAX No. 🕨				
	-	ot have an office or place of busines					▶ ∟	
If this				emption Number (GEN) If the				
box 🕨	. If it is for par	t of the group, check this box 🕨 🔃	and atta	ach a list with the names and EINs of al	l membe	ers the extens	on is for.	
1 I re	•			to file Form 990-T) extension of time un				
	JANUARY	15 , 2012 , to file the exemp	ot organiza	ation return for the organization named	above.	The extension		
ıs f	or the organization	's return for:						
	L calendar year	or						
	X tax year begin	ning JUN 1, 2010	, ar	nd ending MAY 31, 2011		_ ·		
				F				
2 If t	he tax year entered	I in line 1 is for less than 12 months,	check reas	son: LInitial return L Fir	nal retur	n		
	Change in accordance	unting period						
						···		
	• •	or Form 990·BL, 990·PF, 990·T, 4720	, or 6069, e	enter the tentative tax, less any	_	_	0	
-	nrefundable credits				3a	\$	0.	
		or Form 990-PF, 990-T, 4720, or 6069			۸.		0.	
		nts made. Include any prior year over			3b_	\$		
		ct line 3b from line 3a. Include your p			_	_	^	
		tronic Federal Tax Payment System)			3c	50.4	0.	
				Form 8868, see Form 8453-EO and Form	m 8879·			
LHA I	For Paperwork Re	duction Act Notice, see Instructior	ıs.			Form 88	68 (Rev. 1-2011)	