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### Short Form 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)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

> The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending C Name of organization B Check if applicable: D Employer identification number Address change Faithful Circle Ouilters Guild

Number and street (or P.O. box, if mail is not delivered to street address) 36-3303860 Name change Room/suite E Telephone number indial return 630-254-5511 PO Box 1071 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▷ Application pending Downers Grove Illinois 60515 H Check ▷ ☐ if the organization is not G Accounting Method: Other (specify) ▷ Website: ▷ www.fcquilters.com required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 27.942.46 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Pent l Check if the organization used Schedule O to respond to any question in this Part I.  $\overline{\mathbf{V}}$ 2 Program service revenue including government fees and contracts 2 21,337.85 3 3 5,270.00 4 Investment income . . . . . . 4 136.16 5a Gross amount from sale of assets other than inventory 5a b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Revenue 6a Gross income from fundraising events (not including \\$ of contributions from fundraising events reported on line 1 lattack schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 1,167.45 Less: direct expenses from gaming and fundaising events . . . 6c 1.257.70 Net income or (loss) from garding and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . 6ර (90.25)7a Gross sales of inventory, less returns and allowances . . . . . Less: cost of goods sold . . . . . . . . . . . . . . . . 20 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c R 8 31.00 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . 9 26,684.76 10 Grants and similar amounts paid (list in Schedule O) 10 1,404.45 11 Benefits paid to or for members . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits . . . . . . . . 12 13 Professional fees and other payments to independent contractors. 13 7,212.07 14 14 1.750.00 15 15 1,207.03 16 16 21,657.61 Total expenses. Add lines 10 through 16 . . . . . . 17 17 33,231.16 18 18 (6,546.40)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 2 T A 19 56,163.85 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

21

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
			Ļ	(A) Beginning of year	ļ.,,	(B) End of year
22	Cash, savings, and investments			56,163.85		49,617.45
23	Land and buildings		}		23	0
24 25	Other assets (describe in Schedule O) Total assets				24	0
26	Total liabilities (describe in Schedule O)		· · · · · ·	56,163.85	26	49,617.45 0
27	Net assets or fund balances (line 27 of column		n line 21)	56,163.85	-	49,617.45
Par						
	Check if the organization used Schedule	-		•	(Rec	Expenses juired for section
Wha	is the organization's primary exempt purpose?	Social & sharing a lo			501(	c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the	f its three largest pe services provided	rogram services, d, the number of	4947	nizations and section (a)(1) trusts; optional thers.)
28	Weekend Retreat - a weekend for members to learn.				İ	
	74 quild members participated					
	(Grants \$ ) If this amount	t includes foreign gra	ente oboek horo		28a	
29			···		200	
	Lectures and workshops - quest lecturers at month over the year for quild members to learn and share of					
	wielug in the land memoria wieniam singe.		5 Denemen			
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here .	▶ 🗆	29a	
30	Charity fundraiser - a bi-annual event to raise mone	v for a local charity. 1	his year was a mem	bers flea market		
	and bake sale. Proceeds were donated to Family Sh					1
	//					İ
04	(Grants \$ ) If this amount Other program services (describe in Schedule O)	t includes foreign gra			30a	
31						
32	Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .	· · · • □	31a	
Par					1 -	tions for Part IVI
	Check if the organization used Scheduk			•		
		(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		•
Anna	Harkins	.]				
Presi	dent (Mar-Dec), Secretary (Jan-Feb), VP (Jan-Feb)	8		D	٠	0
Maur	een Fawkes.					
	urer (Jan-Dec)	8	ļ·	<b>4</b>	_ام	0
	is Kendrick			}		_
	tary (Mar-Dec)	4		4	9	<u>0</u>
	Kowalshuk			_		•
	racts Chair (Mar-Dec)	<del> 4</del>		}	-	
	Schenck President (Mar-Dec)	- _				0
	Pacanowski		'	<u> </u>	-	
	pership Chair (Mar-Dec)	1,	1	,	ام	0
	Barber			1	~	
	am Co-Chair (Jan-Feb)	-1 <sub>4</sub>			0	O
	belle Jankowiak					<del></del>
	dent (Jan-Feb)	8		ol	0	
Iian.	Orlita					
	pership (Jan-Feb)	2		1	0	
Lan L	10e					<del></del>
	acts Chair (Jan-Feb)	4		p	۰.	0
	)_Qliver	.	1			
	am Co-chair (Jan-Feb)	4		<b>1</b>	_ام	0
	n Smith					
Progr	am (Mar-Dec)	14	1	) i	υl	0

Port				_	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part			
33	. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	Mo	
•	detailed description of each activity in Schedule O	33		1	
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				
35a	change on Schedule O (see instructions)	34	-	4	
	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)?				
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		<u> </u>	
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
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				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0	~ - CAN - W.			
b 38a	Did the organization file Form 1120-POL for this year?	37b	The Profile	4	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	102	1	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b				
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	433			
ь 40а	Gross receipts, included on line 9, for public use of club facilities				
7 <b>0</b> 0	section 4911 ▷ ; section 4912 ▷ ; section 4955 ▷				
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	40b	1655 S.	1 Q. S. J. P	
С	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				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			1	
•	reimbursed by the organization		201	\$ 500 W \$ 400	
е	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	40e		4	
41	List the states with which a copy of this return is filed ▷				
42a		630-25		1	
h	Located at PO Box 1071, Downers Grove, II  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	605	515	I NI +	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.	
	If "Yes," enter the name of the foreign country: ▷			7.1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1	
	and Financial Accounts.	ALC:	要變		
	At any time during the calendar year, did the organization maintain an office outside the U.S.?				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▷ ⊔	
4.5		<u> </u>	Yes		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1	
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	44b		1	
c d					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓	
45b	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)	45h	できる		

Page	4
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Form 990-EZ (20)	12)	
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						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political c complete Schedule C	ampaign activities on Part I	behalf of or in oppos	sition 46	الله الله الله	
Part				<del></del>	. 140		
	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 Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>		
47	Did the consideration consider to label to					Yes	No
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					1	
48						<del>                                     </del>	
49a	· · · · · · · · · · · · · · · · · · ·					<del> </del>	<del>                                     </del>
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		. 49b		
50	Complete this table for the organization's						
	employees) who each received more than	n \$100,000 of comper	nsation from the organ		ne, enter "N	None.	,
	(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 employed benefit plans, and deferre compensation			
					-		
	······						
					1		
f	Total number of other employees paid ov	er \$100,000	. •	· · · · · · · · · · · · · · · · · · ·	•		
51	Complete this table for the organization			contractors who ead	ch received	more	e than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."				
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	//ce	(c) Compensat	ION	
		<del></del>			-		
			1				
-		<del></del>					
			1				
			1				
			]				
			<u> </u>				
	Total number of other independent contra	•	•	<b>•</b>			
52	Did the organization complete Schedule nonexempt charitable trusts must attach				► □ Ye		No
Linder n	enalties of perjury, I declare that I have examined this			ente and to the heet of my			
	rect, and complete Declaration of preparer other tha				Kilowedge ar	u bellel	, 11 15
	Jone Sale	LOD	<del></del>	5//4	123		
Sign Here	Signature of offices	henck	Preside	Date			
_	Type or print name and title	,		V			
Paid	Print/Type preparer's name	Preparer's signature	Da	Check Self-emp			
Prep.				Firm's ⊟N ▶			
	Firm's address ►			Phone no.			
May th	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No						

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
Faithful Circle Quilters Guild	36-3303860
Part I, Line 8 - Other Revenue: Refunded bank fees	
Faiti, Line a - Other Revenue. Reithided Bank lees	
Part I, Line 16 - Other Expenses: Annual Retreat, Workshops, Insurance, Refreshments, Christmas pa	rty, projector, and Door prizes
Part III, Line 31 - Other Program Services: Charity Quilts - members made and donated over 210 quilts	and quilt related items for Project
Linus (which benefits pediatric, cancer patients and others), Quilts of Valor and caps for premie babi	es