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SCANNED OCT 0 6 2014

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Inspection

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calendar year, or tax year beginning JUNB 1, 2013, and ending	MAY	3/,20/4			
В	B Check if applicable C Name of organization			Employer identification number			
	Address c	hange THE CRAFTWORKERS GOILD 33 Number and street (or PO box, if mail is not delivered to street address) Room/suite E Telei	3-7135788				
$\overline{}$	Name cha	Number and street (or P.O. box, it mail is not delivered to street address) Room/suite F. Tele	phone n	umber			
\equiv	Initial retui	5 MEETINDHOUSE RD 60	3 -	472-8109			
=	Terminate Amended		mption				
=	Applicatio	1 4 5 5 5 6 6 6 6 7 7 6 7 7 7 7 7 1 1 1 No.	nber 🕨	>			
G /	Account	ting Method.	▼ Ø	of the organization is not			
1 V	Vebsite			ach Schedule B			
J T	ax-exen	npt status (check only one) — ☐ 501(c)(3) 🕱 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 9	90, 990	0-EZ, or 990-PF)			
		organization. Corporation Trust Association Other					
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	;	1/-02			
(Par	rt II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	14,693			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I	<u> </u>	<u> </u>			
	1	Contributions, gifts, grants, and similar amounts received	1	-0-			
	2	Program service revenue including government fees and contracts	2	12,023			
	3	Membership dues and assessments	3	1,660			
	4	Investment income	4	15			
	5a	Gross amount from sale of assets other than inventory 5a 112	. 1				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	112			
	6	Gaming and fundraising events					
ne	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	* `				
Revenue	b	Gross income from fundraising events (not including \$ of contributions	å: %				
Ŗ		from fundraising events reported on line 1) (attach Schedule G if the	*				
		sum of such gross income and contributions exceeds \$15,000).					
	С	Less: direct expenses from gaming and fundraising events 6c -0 -	<u> </u> , ,				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	·				
		line 6c)	6d	-0-			
	7a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	اسفياته	101			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	667			
	8	Other revenue (describe in Schedule O)	8	-0-			
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	14,464			
	10	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Benefits paid to or for members	10	3,080			
	11	Parameter Street Vision Street	11	-00			
Expenses	12	Salaries, other compensation, and employee benefits	12	1379			
	13	Professional fees and other payments to independent confractors Ep 2:2 2014 Occupancy, rent, utilities, and maintenance	<u> </u>	1924			
	14	1 1	14	1163			
щ	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) .	16	7700			
	16 17	Total expenses. Add lines 10 through 16	17	15,216			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2753>			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		~ /			
SSI		end-of-year figure reported on prior year's return)	19	27,969			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,287			
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30.503			
	:			- '000 FZ mare			

Par	Balance Sheets (see the instructions for	or Part II)			
	Check if the organization used Schedule	O to respond to ar			<u> </u>
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			25,902 2	2 24,886
23 Land and buildings					3 -0-
24				1,007	4 5,617
25	Total assets			<u> </u>	5 30,503
26	•		—	01100	6 -0 -
27_	Net assets or fund balances (line 27 of column			77/1-	730,503
Part	Check if the organization used Schedule	O to respond to ar	ny question in this f	Part III . 🔀	Expenses (Required for section
What	is the organization's primary exempt purpose?	JUSINESS LEAD	ONE FOR CRI		501(c)(3) and 501(c)(4) organizations and section
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the	f its three largest preservices provided	ogram services, ,	4947(a)(1) trusts, optional for others)
28	SEE SCHEDULE O - CA		7.5		
•					
•	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🔲 2	28a
29	SEE SCHEDULE O - M				
		<i>/</i>			
•					
•		ıncludes foreign gra	nts, check here	▶ 🗆 💈	29a
30	SEE SCHEDULE 0 -0	UTREACH + F	ROMOTION O	FCRAFT	
	(Grants \$ 3, 050) If this amount			▶ 🔲 🤇	30a
31	Other program services (describe in Schedule O)				
		includes foreign gra			31a
22	32 Total program service expenses (add lines 28a through 31a)				
Part	V List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	oensated-see the ins	structions for Part IV)
		Employees (list each O to respond to ai	n one even if not comp ny question in this	pensated—see the ins Part IV	structions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to ai (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the ins Part IV	tructions for Part IV)
	V List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to ai	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ins Part IV	tructions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the ins Part IV	tructions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL P. DAVIS	Complete Com	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ins Part IV	tructions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL R. DAVIS DESIDENT/DIRECTOR	Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ins Part IV	tructions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL R. DAVIS DESIDENT/DIRECTOR OXANNE MANN	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ins Part IV	tructions for Part IV)
Part Co	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL P. DAVIS DESIDENT/DIRECTOR OXANNE MANN -VILE PRESIDENT/DIRECTOR	Complete Com	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ins Part IV	tructions for Part IV)
Part Co	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL P. DAVIS DESIDENT/DIRECTOR OXANNE MANN -VILE PRESIDENT/DIRECTOR	Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ins Part IV	tructions for Part IV)
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Part Co	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL P. DAVIS DESIDENT/DIRECTOR OXANNE MANN -VILE PRESIDENT/DIRECTOR	Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ins Part IV	tructions for Part IV)
C PART CO ME CO K	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ARUL R. DAVIS DESIDENT/DIRECTOR OXANNE MANN - VILE PRESIDENT/DIRECTOR OVER PRESIDENT/DIRECTOR	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	coensated—see the instance of	tructions for Part IV)
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Part Co Ro Co Mt Co Mt	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (b) ARUL R. DAVIS DESIDENT/DIRECTOR DIRECTOR	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	coensated—see the instance of	tructions for Part IV)
Part Co Ro Co Mt Co Mt	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (e) Name and title (f) Name and title (e) Name and title (f) Name and title (f) Name and title (g) Name and title (h) Name and title	Employees (list each O to respond to at (b) Average hours per week devoted to position 25 2 3 15 3	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ins Part IV	tructions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
22	Did the assessment on angelia are assistant activity not assistantly reported to the IDC2 If "Voc." provide 2		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	33		/
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)	34		v
35a	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)?	35a		/
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	35b		
С	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	35c		<u>/</u>
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	36		<u>/</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			~
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		, 🛊	
39	Section 501(c)(7) organizations. Enter:	 	^	~
а	Initiation fees and capital contributions included on line 9	\$	١٠,	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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		~~~
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 reimbursed by the organization		33,	*
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		V
41	List the states with which a copy of this return is filed ▶			 .
42a	The organization's books are in care of ▶ MARGO WIGG-IN TREASURER Telephone no. ▶603	-62	3-4	450
b	Located at ► 271 BACK RIVERRD, BEDFORD, WH 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)?	<i>U</i> – 42b	Yes	
	If "Yes," enter the name of the foreign country: ►		<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			-
С	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:	42c	<u> </u>	V
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			▶ □
4.4	Did the average and decree and decree about the country of the War 7 Farms COO and he	Γ	Yes	No
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	-	~
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	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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	704		
	Form 990-EZ (see instructions)	45b	1_	/

•										1
Form 990-	EZ (20	13)						—		age 4
		e organization engage, directly or included an included in the organization engage, directly or included in the organization of the organization in the organization of the organization o							Yes	No
Part V] :	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	estions 47–49b ar	nd 52, and			46 ∣ es fo	l or line	ss
		Check if the organization used Sch	ledule O to respond	r to any question i	ii tiiis i ait	<u>vi</u>		$\overline{}$	Yes	No.
	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							47		
49a [48 19a 19b		
50	Comp	olete this table for the organization's byces) who each received more than	five highest comper	nsated employees (other than ganization.	officers, direct If there is none	ors, true, ente	ıstee r "N	es and one."	d key
	(a) l	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, ions to employee ans, and deferred npensation	(e) Esti other		d amou pensati	
							•			
							·			
51 (Comp	number of other employees paid over plete this table for the organization's	s five highest comp	ensated independe	ent contrac	tors who each	ı recei	ved	more	than
\$100,000 of compensation from the organization. If there is no (a) Name and business address of each independent contractor		(b) Type of service		(c)	(c) Compensati		on			
			•••••							
	•••						_			
		number of other independent contra	_		▶	47(a)(1)		_		
r	none	kempt charitable trusts must attach a	a completed Schedu	ile A				Yes e and		No ıtıs
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any			rer has any kn	owledge SEPT.	14,	a	014			
Sign Here		Signature of officer CAROL R. DAVIS P	RESIDENT	THE CRAI	TWOR	Date KERS 16	uic	۷.		
 Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date Check I if PTIN					
Prepa		Fumin name			<u> </u>	self-emplo	yed			
Use O	nly	Firm's name				Phone no				

► ☐ Yes ☐ No

Firm's EIN ▶ Phone no

(Form 990 or 990-EZ)

The Craftworkers' Guild

Employer ID Number 23-7135788

Part I – Line 10 – Grants & similar amounts					
\$2,000	Gift to the Bedford Village Common Project, Town of Bedford, 24 W. Amherst				
	Rd., Bedford, NH 03110				
\$500	Grant to Riddle Brook School, 230 New Boston Rd, Bedford, NH				
\$500	Scholarship to grantee J.C. (no relationship)				
\$25	Gift to Christen Foundation, (Hospice), c/o Hyder House, 285 County Farm Rd,				
	Dover, NH 03821				
\$25	Gift to Bedford Public Library, 3 Meetinghouse Rd, Bedford, NH 03110				
\$3,050	Total Grants & similar amounts				

Part I - Line 16 - Other Expenses

\$50.00	Dues & Fees
\$522.64	Office Supplies
\$54.98	Awards & Incentives
\$1,603.00	Insurance
\$1,798.15	Total Credit Card Processing
\$260.41	Furnishings & Equipment
\$115.96	Hospitality
\$35.99	Arts & Crafts supplies
\$1,736.92	Depreciation, Loss & Breakage
\$1,345.82	Misc Unclassified Expenses
\$7,700.35	Total Expenses reported as \$7,700

Part I – Line 20 – Other Change in Net Assets

\$1,709.00	Asset: 50% payment for new heat pump
\$1577.98	Inventory: 257 promotional tote bags
\$3,286.98	Total Other Changes in Net Assets reported as \$3,287

Part II - Line 24 - Other Assets

\$213.00	Misc Display Equipment
\$120.00	Misc Equipment
\$1800.00	Exterior Portable Signs & Equipment
\$396.00	Misc Furniture
\$60.00	Shop Aprons
\$132.00	Banner
\$1,367.20	50% of Heat Pump
\$1,528.88	Inventory: Promotional Tote Bags
\$5.617.08	Total Other Assets reported as \$5.617

Schedule O (Form 990 or 990-EZ)

The Craftworkers' Guild

Employer ID Number 23-7135788

Part III - Line 28 - Craft Events

The Craftworkers' Guild supported the ongoing development of its members as skilled and successful crafters & artisans by staging three major craft fairs this year along with one smaller event. Sixty one members earned \$42,437 as a result of the 54 days that the Craftworkers' Guild shop was open during the business year. In addition, the Guild assisted one other community non-profit organization through their participation in these events.

Part III - Line 29 - Member Services

The Craftworkers' Guild maintained a cordial and mutually supportive association of members who share an appreciation for arts, crafts and crafting, and the role these play in our culture and heritage. The organization also worked to preserve, develop and share crafting knowledge and skills, and promote excellence in craftsmanship. As a result, 71 members benefitted from member support and services that included nine informational and networking meetings with craft related programs.

Part III - Line 30 - Outreach & Promotion of Craft

The Craftworkers' Guild supported appreciation of art and crafts in the community in many ways. A monetary gift was made to the Town of Bedford in support of the Bedford Village Common Project for beautification of the town common with permanent art/craft items. A grant was awarded to one public school teacher for a project that uses hands-on activities to enhance the academic curriculum. A scholarship was awarded to one college-bound student to help her focus on creative hands-on learning as part of her studies. The Guild staged children's craft activities at two community events, benefitting approximately 100 participants. The Guild contributed to the upkeep of the town owned historic Oliver Kendall House, thus reducing the tax burden on the community at large. The Guild donated funds to the local public library for the purchase of craft-related resources for public use and to a NH hospice foundation for the benefit of its clients.