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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

OMB No 1545-1150

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

		b Information about Form 990-EZ and its instructions is at www.irs.gov/form990.  ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.		
A F	or the 2	2013 calendar year, or tax year beginning ////////////////////////////////	ine	30,20/4
Вс	heck if ap		ployer ic	dentification number
	Address ct	nange Vienna Art Society Inc.	<u>54                                    </u>	- 1036380
<u>۱</u>	Name char	Number and street (or P O box if mail is not delivered to street address)  Room/suite E Tel	ephone r	
<del></del> -	nitial retun		03-	- 476 -39 <i>1</i>
=	Ferminated Amended i	City of town, state or province, country, and ZIP or foreign postal code	oup Exe	emption
=	oplication	pending VIENNA, VA 32180 - 4431 Nu	umber	
G A	ccount	ing Method	. <b>▶</b> Ø	if the organization is not
	/ebsite:	•		tach Schedule B
J Ta	ax-exem	pt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (Form	990, 99	00-EZ, or 990-PF)
		organization Corporation Trust Association Other		
LA	dd lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts	
(Par	t II, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 5	
`Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uction	s for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	4.878
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6.640
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory .   5a		
	Ь	Less: cost or other basis and sales expenses	٦, ١	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	İ
	6	Gaming and fundraising events		
		Gross income from gaming (attach Schedule G if greater than		
ē	"	\$15,000)	1 1	
Revenue	h	Gross income from fundraising events (not including \$ of contributions	7	
ě		from fundraising events reported on line 1) (attach Schedule G if the		
ш		sum of such gross income and contributions exceeds \$15,000)   6b	، اد	
	G	Less: direct expenses from gaming and fundraising events 6c 6c	<u>기</u>	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	<b>-</b> 1.	
		line 6c)	6d	$\bigcirc$
	7a	Gross sales of inventory, less returns and allowances   7a   /4. 983_		
	ь	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3.569
	8	Other revenue (describe in Schedule O)	8	28 192
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43 279
	10	Grants and similar amounts paid (list in Schedule O)	10	300
	11	Benefits paid to or for members	11	1
S	12	Salaries, other compensation, and employee benefits	12	<del> </del>
ıse	13	Professional fees and other payments to independent contractors	13	9.330
Je.	14	Occupancy, rent, utilities, and maintenance	14	1/2 035
Expense	15	Printing, publications, postage, and shipping	15	1 533
_	16	Other expenses (describe in Schedule O)	16	13 995
	17	Total expenses Add lines 10 through 16		41 193
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		2 19/2
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		7,000
SS		end-of-year figure reported on prior year's return)	19	41.465
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2 8781
Ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	12 1072
For		work Reduction Act Notice, see the separate instructions.  Cat No 106421	_ <del></del> -	Form <b>990-EZ</b> (2013)
	· upci	italia linguanali cint tiannal non mit arbei ett men entalini.		• .,

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Form 990-EZ (2013)						Page Z
	see the instructions	•				
Check if the organiz	zation used Schedule	O to respond to a			<del>,</del>	<u> </u>
			L	(A) Beginning of year		(B) End of year
22 Cash, savings, and investr	ments			41.465	22	42.673
23 Land and buildings			[	0	23	
24 Other assets (describe in S	Schedule O)		. [	0	24	Ŏ
25 Total assets					25	
26 Total liabilities (describe	in Schedule (1)			- <del></del>	26	
27 Net assets or fund balan	•	(R) must agree with	ine 21)	41.465	27	42 1073
	ram Service Accom					101010
	ation used Schedule					Expenses
hat is the organization's primary		O to respond to di	iy question in this i	<u> </u>		uired for section c)(3) and 501(c)(4)
, ,	•					nizations and section
escribe the organization's prog s measured by expenses. In a ersons benefited, and other rele	clear and concise n	nanner, describe the				(a)(1) trusts, optional thers)
8 Monthly Nel	USPHER	to memi	pers and	1		
ether or	Formani			•		
	1					
(Grants \$	) If this amount	ıncludes foreign gra	ints, check here	▶ □	28a	100
9 education		ams ope				
Company		Livi	<i>f. J!</i>			1
members	4 pwb					
(Grants \$	\ If this amount	includes foreign gra	ente check horo	<b>N</b> [	29a	771.5
O Caratte &	) ii iiis amouni	iliciades foreign gra	ints, check here	· :	230	19100
	I	ha Ann	munit			
art even	T = UC - T	rie com	manig	CENTER		
·						5655
(Grants \$		includes foreign gra	ints, check here .	· · · P 📙	30a	3633
1 Other program services (des						10 000
(Grants \$		includes foreign gra		<u> ▶ ∐</u>	31a	18,080
2 Total program service exp	<del> </del>				32	31,600
	tors, Trustees, and Ke				nstruc	tions for Part IV)
Check if the organiz	zation used Schedule	O to respond to a			<u></u>	<u> L</u>
		(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	ee (e) I	Estimated amount of
(a) Name and tit	tle	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	01	ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Grace Koonee		Dresiden	f _		- }	
10948 Stuart	JMIII Rd.		0		)	0
20 k ton. VA	22/24	15 hr. ,				
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ours church	+ UA 0007	<del>ሻ</del>	1	]	ļ	
			ļ		4	
eborah Ellio	<i></i>	Sec.			_	
862 Palace C	Breenway	6 hrs W	eekly 0	ļ	2	
l'enna UA	22181					
ichard Neff		Treas.				
1920 Barnshi	122 (F.		rekla C	<b>}</b>	0	
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- SACLE-TILL Report of T	en orce. U. J	1	_	J		
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			}	1		
		1	[		- 1	

Page 3

art	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			ſ
	instructions for Part vy Check if the organization used schedule of to respond to any question in this		Yes	N
3	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		እ አ
4	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		<u>ر</u>
Ба	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		λ
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		X
•	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		ر
7a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b	٠ -	را
3a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	/	5
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		ξ(	." ~
9	Section 501(c)(7) organizations. Enter		7	,
a	Initiation fees and capital contributions included on line 9		, i, i	1
b a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		***	7.77
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	3 4	
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400	· *2 ×	
Ĭ	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	. *1	,	
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	,	)
1	List the states with which a copy of this return is filed	<del></del>	211	
2a	The organization's books are in care of $\blacktriangleright$ Kichard Neff Telephone no $\blacktriangleright$ Located at $\blacktriangleright$ 1/5 Pleasant St. NW. Vienna Ust ZIP + 4 $\blacktriangleright$ 2/2 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	3-3	2/4 5 - Yes	ر ح
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
С	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	`.	-
	If "Yes," enter the name of the foreign country			_
3	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	• •	<b>V</b> = =	<b>▶</b>
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		r
	explanation in Schedule O	44d	<u> </u>	L
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		ļ.,
5b	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)	AEL		,
	Form 990-EZ (see instructions)	45b		ᅩ

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							Yes	NO
	Old the organization engage, directly or in			behalf of or	ın opposit	ľ		<b>√</b> .
	o candidates for public office? If "Yes," o	·	, Part I	· · · ·	<u> </u>	. 46		$\boldsymbol{A}$
art V	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		estions 47-49b and	52, and cor	nplete th	e tables fo	or line	es
	Check if the organization used Sc	hadula O to respond	t to any question in t	hie Part VI				
	Check if the organization used Sc	rieddie O to respond	to any question in t	ilis i dit vi	<del></del>	· · · · ·	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							X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						$\mathbf{X}$		
								X
	f "Yes," was the related organization a se Complete this table for the organization's				 ere direct	. 49b	es an	d Nav
	complete this table for the organization semployees) who each received more that							u ney
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions t benefit plans, a compen	penefits, o employee and deferred	(e) Estimate other com	d amou	
				compen	sation			
			. 0					
		100	NU					
		y i o						
			<u> </u>					
1 (	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."					than
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	/ice	(c)	) Compensation	on 	
			1					
		1	$\psi$ ,					
		NO 11						
d	Total number of other independent contr	actors each receiving	over \$100,000	<b></b>				
	Did the organization complete Schedule			s and 4947(a)	(1)		_	
	nonexempt charitable trusts must attach			<del></del>	·	► ∐ Yes		No_
der pe	naities of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other than	return, including accompar particer) is based on all info	nying schedules and statem ormation of which preparer	has any knowled	ige		belief.	nt is
an	Signature of officer		Date		nber	10,	_20	
gn ere	Richard H. We	ff, treas	surer					<del></del>
aid	Print/Type preparer's name	Preparer's signature	Da	ate	Check Self-emplo			
repa	1 =	_ 1		Firm	's EIN ▶	<del></del>		
se C	Firm's address >		<del> ·</del>		ne no			
av the	e IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes		No

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 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

	Revenue Service Information a	bout Schedule A (For	m 990 or 990-EZ) and its	instruction	s is at www	vw.irs.gov/form990.	Inspection
	of the organization	rts So	ocrety			Employer identification 54	36380
Par							ns.
	organization is not a private four		· ·		-	*	
1	A church, convention of chi			ibea in <b>se</b>	ction 17	U(b)(1)(A)(i).	
2 3	<ul><li>☐ A school described in secti</li><li>☐ A hospital or a cooperative</li></ul>			n section	170/b)/1	1\/A\/;;;\	
4	A medical research organization	•	_				(iii). Enter the
·	hospital's name, city, and s	•					<b>,.</b>
5	An organization operated for section 170(b)(1)(A)(iv). (Co	or the benefit of a	college or university	owned or	operate	ed by a government	al unit described in
6	A federal, state, or local government						
7	An organization that norma	•		port from	a gover	nmental unit or fron	n the general public
_	described in section 170(b)			D			
8	A community trust describe						
9	An organization that norma						
	receipts from activities rela support from gross invest						
	acquired by the organizatio						A) II OI II DUOI II OOOOO
10	An organization organized a						
11	An organization organized a						out the purposes of
	one or more publicly suppor						
	the box in lines 11a through	11d that describes	the type of supporting	organizati	ion and c	complete lines 11e, 1	1f, and 11g.
а	_ <b></b> ,,	•	•	•			
	the supported organization	• •	• • • •	ct a majoi	rity of the	e directors or trustee	es of the supporting
	organization. You must c						
b	;,	·					
	control or management of organization(s) You must		•	ie same p	ersons u	iat control or manag	je tne supported
С		grated. A supporti	ng organization operat				y integrated with,
d							ed organization(s)
	that is not functionally into requirement (see instruction	egrated The organ	ization generally must	satisfy a	distributi	on requirement and	• ,
е							I, Type III
	functionally integrated, or	• •	ionally integrated supp	porting org	ganizatio	n.	<del></del>
f		-	norted erganization(s)				[]
9			(iii) Type of organization		rospization	(v) Amount of monetons	(vi) Amount of
	(i) Name of supported organization	(ii) EIN	(described on lines 1-9	listed in you	r governing	support (see	other support (see
			above or IRC section (see instructions))	docun	nent?	instructions)	instructions)
			(000 11011 20110110))	Yes	No	1	
(A)					-		
(B)							
(C)							
(D)							
(E)							
Tota	1				<del></del>		

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Part	III Support Schedule for Organiza	ations Descr	ibed in Secti	ion 509(a)(2)			
	(Complete only if you checked the						ier Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support		# N 0044	(-) 0040	(4) 0040	(-) 001.4	(O Total
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	received. (Do not include any "unusual grants ")	3021	12501	17038	4640	11518	7598
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	<b>Total.</b> Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons	3028/	12501	11038	4640	11.518	75978
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	,				-	75978
	on B. Total Support				-		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	3028/	12501	1 1038	4640	11518	1570
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49)	934	8474	2875	8336	21111
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0 //-	00-5		
С	Add lines 10a and 10b	492	934	84/4	128-15	8-336	2/1/
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						9708-9
14	First five years. If the Form 990 is for toganization, check this box and stop he					ear as a section	<b>-</b>
Secti	ion C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2014 (line			13, column (f))		15	8 %
16	Public support percentage from 2013 Sc			<u> </u>	<u> </u>	16	86 %
	ion D. Computation of Investment Ir			<del></del>			2 2
17	Investment income percentage for 2014						14/ %
18	Investment income percentage from 201 331/3% support tests—2014. If the organ	ತ Schedule A, nization did no	ran III, line 17 Licheck the bo	 von line 14. s	 nd line 15 is n	18 ore than 331a	%, and line
19a	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizat	ion . ► 🗍
b		zation did not o	check a box on	line 14 or line	19a, and line 10	6 is more than	33¹ദ%, and
20	Private foundation. If the organization of						

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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 Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Art Society	e Inc	Employer identification number 54 - 1036380
<u> </u>			
Line 8 -	Workshops	/	3,190
	Registration.		6,666
	9 - 10		7,961
	Other rental		375
Total	for Line 8	<i>d</i>	18, 192
Line 10 -	Scholastic A	Irt Awai	rd for
	Scholastic F Fairfax Cou	nty	300.
Line 16 -	Workshops		7, 765
	Programs		1,400
	Sales Tax		1. 222
	Bank/Credit	Pard Fees	276
	Hospitality		340
	Hospitality Telephone/In	ternet	1,819
	Office Supp	lies	1,173
	Insurance		425
Tota	1 for Line 16	<i>J.</i>	4.420
Line 31-	maintain ve	nue fo	r members
	to show ourt		